



# Clinical Services Strategy 2015 to 2020

Approved by board

**Version: 1.0**

*Confidential*

## Document information

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# 1 Introduction and overview

## 1.1 About the Trust

Chelsea and Westminster Hospital NHS Foundation Trust (CWFT, the 'Trust') is a major, multi-site north-west London healthcare provider and teaching hospital consisting of Chelsea and Westminster Hospital situated in the borough of Kensington and Chelsea, and West Middlesex University Hospital, situated in Hounslow. The Trust has nearly 1,000 beds and serves a local population of 1.1m, with combined acute admissions across both sites of 290,000 per annum.

- Specialised services are provided in an environment of academic specialisation and comprise of paediatrics (including tertiary paediatric surgery), neonatal intensive care, maternity services, burns, bariatric services, plastic surgery and HIV.
- Both hospitals offer core local services – A&E and acute care. Local services delivered by the Trust comprise 24/7 adult and paediatric A&E services with co-located Urgent Care Centres (UCCs), a full maternity service and a range of medical and surgical specialties. In addition to local hospital services, the Trust also provides community-based clinics including musculoskeletal (MSK), gynaecology, dermatology and direct access sexual health services.
- The Trust also provides a range of inpatient and outpatient services to private patients.

## 1.2 Purpose and overview of the Strategy

**The Clinical Services Strategy sets out how we deliver excellent experience and outcomes for patients through delivering services that are clinically, operationally and financially sustainable by the end of a five-year transformation period.**

At the heart of the Strategy is our Vision, *'to deliver excellent experience and outcomes for our patients'*. Supporting this, the Strategy sets out our priorities across the four service portfolios that the Trust delivers:

- **Local acute and integrated care services** where our priorities are *integrated urgent and emergency care, efficient planned care, and support for ageing well and long term conditions*
- **Specialised services** where our priorities are *specialised women's and children's services, delivered across all of North West (NW) London, and specialised sexual health and HIV services, delivered across London and more widely.*
- **Innovation and research** where our priority is *translating research 'from bench to bedside'*, bringing the best evidence to bear in respect of clinical care and patient experience.
- **Education and training** where we focus on *multi-professional training* to recruit and train the best staff to deliver our strategy.

Our **priorities** centre on key groupings of services focused on improving the outcomes of patients over a full cycle of care in keeping with the broader social value we seek to deliver across the community.

Our strategy is informed by our **national and local context and strategic drivers**. National drivers include pressures on NHS services as a whole, the strategic direction set out by the NHS Five Year Forward View, and the current clinical quality and regulatory context. Local drivers include the Shaping a Healthier Future (SaHF) programme and other developments of the health and social care system across both North West (NW) and South West (SW) London, the opportunities presented by the Trust having acquired West Middlesex University Hospitals NHS Trust (WMUH), and the range of local strategic partnering arrangements we are engaging in with a broad range of acute, community, mental health and primary care providers, and social care partners.

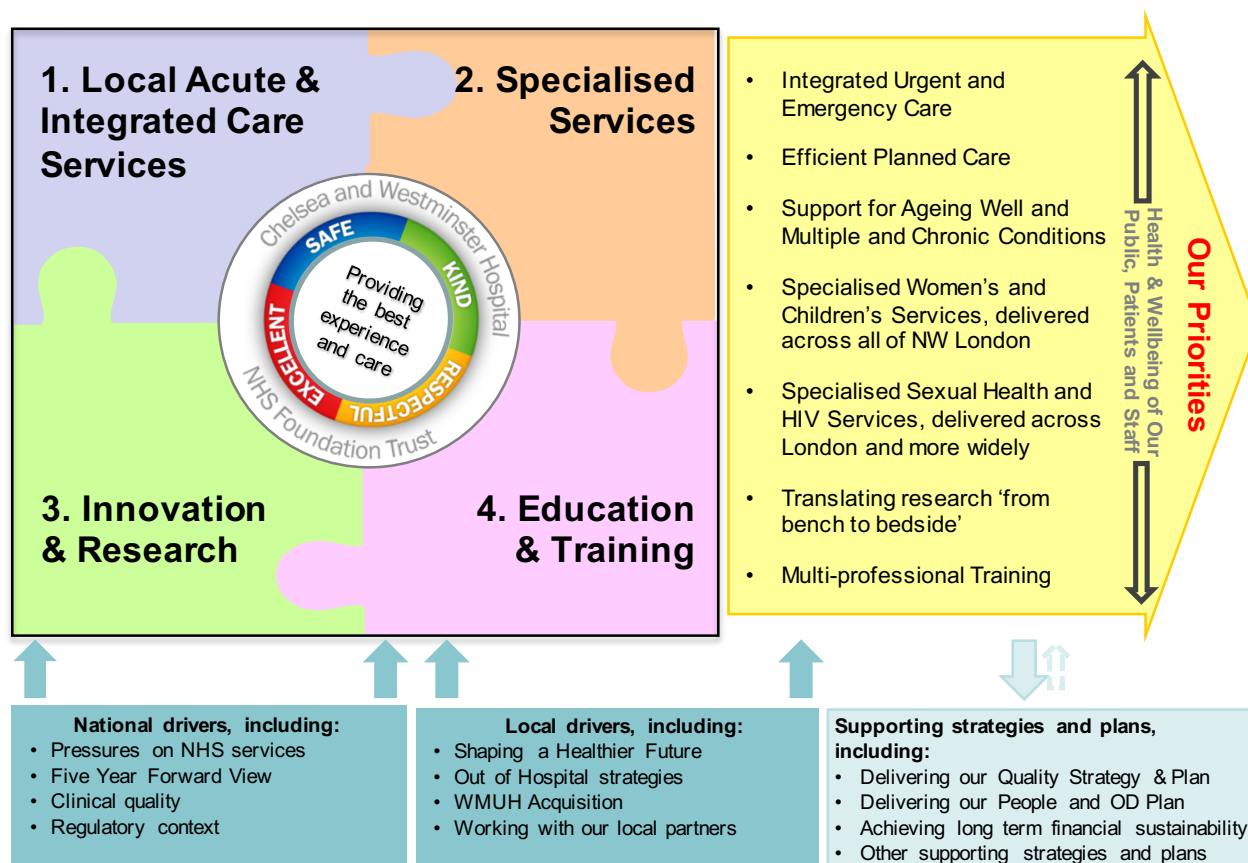
The Strategy informs (and is informed by) the various **underpinning strategies, plans, and business cases** that set out the planning landscape for the Trust. The key strategic documents for the Trust are the Clinical Services Strategy itself, and supporting that, the Quality Strategy and Plan, the Long Term Financial Model (LTFM), and the People and Organisational Development Strategy. These documents set the context and direction for a range of strategies, plans and business cases.

We also set out how we will develop our **Private Patients** business. This builds on our leading local hospital and specialised services within the private and international markets. Our objective is to diversify

the Trust's income and enable investment into our services, to strengthen further our reputation for excellent experience and outcomes, and to help to attract the best staff.

The figure below sets out an overview of the Clinical Services Strategy.

*Figure 1 Overview of our Clinical Services Strategy*



### 1.3 How the Clinical Service Strategy fits into the overall strategy and planning architecture for the Trust

The Clinical Services Strategy is supported by three other key documents in setting the strategic agenda for the Trust:

- The **Quality Strategy** supports the Clinical Services Strategy by setting out the Trust's quality objectives and the means through which they will be achieved (experience, safety, effectiveness, and access).
- The **People and Organisational Development Strategy** sets out how we aim to have high performing, kind and respectful people providing safe and excellent care, with visible and engaging leaders at all levels who enthuse and inspire colleagues and enable the best possible experience for our patients
- The **Long Term Financial Model (LTFM)** sets out how the Clinical Services Strategy delivers a financially sustainable organisation over a five to ten-year period, translating the Strategy into balance sheet and cash flow, including interactions between surplus, cash, capital, financing and risk ratings.

Supporting these three documents are the suite of strategies, plans and business cases that set out the more detailed plans for the Trust. These include:

- Divisional operating plans, currently set on a two-year basis with 12-month refresh

- Strategies for priority services such as Sexual Health, and Women's and Children's Services
- Business cases for significant investments, such as the Trust's response to the Shaping a Healthier Future programme
- The Strategy and Operating Plan for development of our Private Patients business
- Enabling strategies and plans, in particular the Estates Strategy and the IT Strategy.

## 1.4 Document structure

This document expands each of the elements set out in the 'Strategy on a Page' set out in Section 1.2 above, through the following sections:

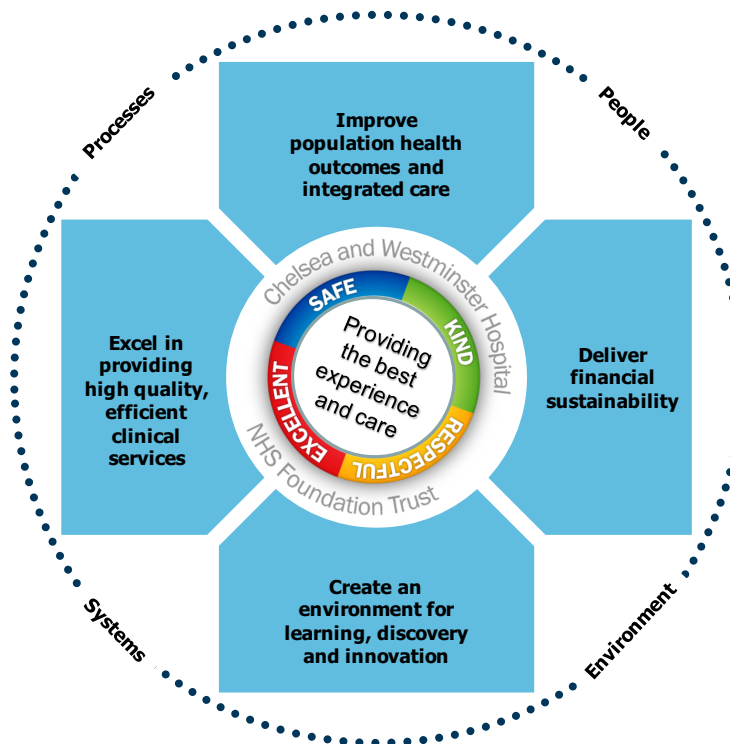
- **Section 2** describes the **Vision and Strategic Objectives** for the Trust
- **Section 3** sets out the **context** for the Strategy in terms of the key national and local strategic drivers
- **Section 4** describes our **priorities** in more detail, how we have arrived at these, and what each entails
- **Section 5** describes how will deliver the Trust's Quality agenda through our **Quality Strategy and Plan**, and how this supports and links to the Clinical Services Strategy
- **Section 6** sets out how we will develop our Private Patients business to support our broader strategy
- **Section 7** set out the financial envelope which needs to be delivered, through the growth and development of our clinical services portfolio, in order to achieve **financial sustainability**
- Finally, **Section 8** describes our **approach for developing the Trust's clinical services portfolio** using our service line based approach, and outlines the key enablers that need to be in place for this to be possible.

## 2 What is the overarching Vision?

### 2.1 Trust Vision – Delivering excellent experience and outcomes for our patients

The figure below shows the Vision and Strategic Objectives for the Trust. At the heart of this is our purpose, to provide the best experience and care. In achieving this, we are guided by our values, which are to provide care that is **safe, kind, respectful** and **excellent**.

*Figure 2 Vision and Strategic Objectives for the Trust*



The Clinical Services Strategy sets out how we fulfil this vision by delivering clinically, operationally and financially sustainable services over the long term. In doing so, it supports the delivery of our four Strategic Objectives, which are to:

1. Excel in providing high quality, efficient clinical services
2. Improve population health outcomes and develop integrated care
3. Deliver financial sustainability
4. Create an environment for learning, discovery and innovation.



### 3 What are the national and local drivers?

#### 3.1 National strategic and policy drivers shaping how we deliver our clinical services

A number of significant national strategic and policy drivers have framed how we need to develop and deliver our clinical services. Many of these drivers are interlinked.

##### Pressures on NHS services

There is a **widening funding and efficiency gap** for the NHS. Rising demand for services – particularly non-elective – is not being matched by growth in funding for health services. A shift in resource to social care through the Better Care Fund is also likely to impact available spend for existing services. This will be combined with a continued downward pressure on costs and greater required standards in relation to quality, safety and patient experience.

The **ageing population** is helping to fuel this rising demand for services as people live longer, often with frailty or one or more long term conditions. It is also driving a future capacity gap across the healthcare workforce, with research predicting a gap of around 15% in the healthcare workforce by 2020, compared to 2010 levels<sup>1</sup>.

At the same time, NHS Trusts are required to deliver efficiency savings of circa 4 to 5% per annum. This places providers under increasing pressure to improve the productivity of their services and where appropriate to diversify their cost base. Increasingly it is recognised that traditional Cost Improvement Programmes (CIPs) alone will no longer deliver the required savings. Trusts will be expected to engage in wider **transformational change** and service reconfiguration with other agencies and providers in order to deliver the productivity improvements required.

There are likely to be **fewer hospitals offering specialised services** with a consolidation of providers serving wider geographical areas. Discussions nationally are signalling a significant reduction in the number of providers.

##### National strategic direction

The **NHS Five Year Forward View (5YFV)** (October 2014) sets out a vision for the future of the NHS. Responding to many of the pressures identified above, this vision will significantly transform the NHS. As well as a 'radical upgrade in prevention and public health', and patients having greater control of their own care, the 5YFV proposes a number of steps to break down the barriers to how care is provided. Providers will need to continue to provide high quality services, continuously improving, against this significantly changing landscape that includes the expansion of integrated care and the need for hospitals to operate seamlessly across the care continuum.

The **NHS Services, Seven Days a Week Forum (2014)** reported to NHS England on how NHS services can be improved to provide a more responsive and patient centred service across the seven-day week, with an initial focus on urgent and emergency care. The review found significant variation in outcomes for patients admitted to hospital at the weekend, seen in mortality rates, patient experience, length of stay and re-admission rates.

##### Clinical quality

There is ever increasing scrutiny of Trusts, hospitals, departments and individual healthcare professionals.

**The Francis Report (2013)** into the systemic failings at the Mid Staffordshire NHS Foundation Trust set out a series of recommendations to ensure best possible care for patients in the NHS. Responses to the Francis Report by the Government and the National Quality Board will drive approaches to improving nursing, midwifery and care staffing. Also included is the rollout of a set of fundamental standards, which come into force for all health and adult social care services from 01 April 2015.

**The Keogh Report (2013)** into hospitals with higher mortality rates highlighted that all trusts must understand more about the care they provide to patients and develop a consistent approach to continuous improvement in quality.

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<sup>1</sup> Advisory Board, 'Critical Disruptors' Report, 2015

**The Berwick Review (2013)** into patient safety has significant implications for NHS providers, stating that, 'the single most important change in the NHS.... would be for it to become, more than ever before, a system devoted to continual learning and improvement of patient care top to bottom and end to end'.

#### Regulatory context

In September 2013 the **Care Quality Commission (CQC)** implemented a new regime for the inspection of hospitals which examines the quality and safety of the care provided based on whether they are safe, effective, caring, responsive to people's needs, and well-led. CWH was inspected under this regime in July 2014. The CQC inspection regime is being further augmented from 01 April 2015 to take account of new statutory and regulatory requirements on providers of health and social care in England (see below).

From April 2015, a number of **statutory and regulatory changes** will come into force that will affect providers of health and social care. Providers will be required by legislation to follow new regulations called the 'fundamental standards', which are more focused and clearer about the care that people should always expect to receive. There are also new requirements regarding openness about mistakes when they happen ('duty of candour') and making sure directors and their equivalents are 'fit and proper'.

### 3.2 Local drivers and fixed points

#### Local commissioning landscape

NW London commissioners have set out an ambitious transformation programme of which the central strand (and biggest impact on the acute sector) is **Shaping a Healthier Future (SaHF)**. This programme aims to consolidate A&E and major acute services across the region, combined with the strengthening of out of hospital care. Both CWFT and WMUH are designated as 'major acute hospitals' under SaHF and would see them retaining their A&Es with significant activity growth and supporting capital (PDC) enabling funds.

The Trust provides services the local population in Richmond and Twickenham and Wandsworth which are part of the South West London group of CCGs. Commissioning plans and intentions are shaped by the **South West London Effective Collaborative Commissioning (SWLCC)** and the five-year whole-system strategy that has been developed for SW London.

In NW London, the impact of changes to **Clinical Commissioning Group (CCG) funding formulas** will see a reduction in CCG 'purchasing power' with expected knock-on consequences to CWFT and the local community. Hounslow CCG (host to WMUH) is nationally the furthest from capitation and is one of the largest 'gainers' under the new formulas.

There are plans for the **development of integrated care and the growth of accountable care models** throughout the local health system. These are being driven locally through SaHF (including NW London's Integrated Care Pioneer Pilot) and SW London's equivalent whole system Strategy, but are also being catalysed by emerging plans in relation to the 5YFV.

#### Working with other providers through a range of approaches

NHS providers are pursuing a range of acquisition, alliance and partnering arrangements.

The Trust has recently completed the acquisition of WMUH and a subsequent programme of integration and transformation is underway between the two trusts. As a result of the integration:

- WMUH will focus on continuing with their secondary services with the potential to expand their high-volume elective care, such as orthopaedics.
- CWH will focus on tertiary and specialist care, such as Women's Services, the Chelsea Children's Hospital and HIV.
- Both sites will focus on providing a wide range of services for their local populations and will continue to provide acute services, including A&E, maternity and acute medicine and surgery.

The Trust is also developing partnering arrangements with a large number of local acute, community and mental health providers. Some examples include:

- With the Royal Brompton NHS Foundation Trust to provide specialist paediatric services
- With the Royal Marsden NHS Foundation Trust to deliver high quality cancer services to the local health system; as well as the sharing of IT and back office services
- With Imperial College Hospitals NHS Trust to deliver excellence in undergraduate education and academic research
- With Central and North West London NHS Foundation Trust on integrated approaches across acute and mental health services.

## 4 What are the priorities and ambitions for each clinical services portfolio?

### 4.1 Introduction and scope

The Trust consists of Chelsea and Westminster Hospital (CWH) and West Middlesex University Hospital (WMUH). CWH has 525 inpatient beds and provides a full range of inpatient, day case and outpatient services for adults, children and young people. These include specialised services, commissioned by NHS England, in addition to planned and emergency local hospital services and community clinics, commissioned at the CCG and local authority level.

WMH has a flexible bed base of 468 beds and provides a full range of inpatient, day case and outpatient services for adults, children and young people, and maternity.

The Trust also provides a range of privately funded inpatient and outpatient care with plans to expand over the next five years.

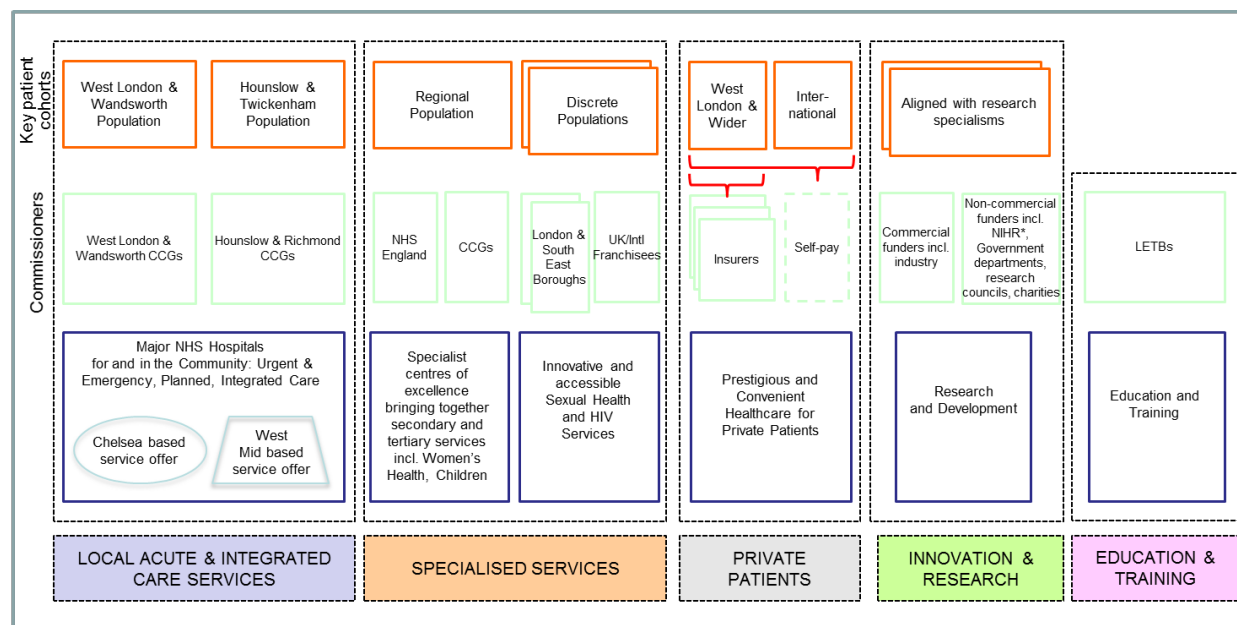
The Trust delivers its services through a three-division structure:

- Emergency and Integrated Care (including Therapies)
- Planned Care, Surgery and Clinical Support
- Women; Neonatal, Children & Young People; HIV, GUM & Dermatology Services

### Our different patient cohorts and commissioners

The integrated Trust serves a number of different patient cohorts and is supported by a number of different major commissioners of its services. A high-level overview is illustrated below.

Figure 3 Key commissioner and patient segments for the integrated Trust



\* NIHR = National Institute of Health research

## 4.2 Local Acute and Integrated Care Services

### 4.2.1 Scope

Local acute services are provided on both the CWH and WMUH sites:

- CWH provides 24/7 adult and paediatric emergency services, along with a co-located Urgent Care Centre (UCC) and a range of medical and surgical specialties as well as a major A&E service.
- From 01 September 2015, CWFT has been responsible for all the local acute services provided by WMUH. At high level, local acute services at WMUH comprise an emergency department, acute medicine and surgery and an Intensive Therapy Unit / High Dependency Unit; trauma and stroke units; and a range of elective surgical and medical specialties. There is also a wide range of therapy services, including physiotherapy and occupational therapy

The Trust is working with community and social care partners to help bring NHS care out of hospital settings and closer to home, including into the community. The Trust does this by working closely with other local NHS providers including GPs, while also expanding and improving its already excellent specialist services such as maternity, burns, paediatrics and HIV. The Trust provides community-based clinics in MSK disorders, gynaecology and dermatology, and direct access sexual health services..

### 4.2.2 Summary vision

#### What will be different in 2020?

- *A shift of hospital-based care, including outpatients and unplanned emergency admissions, to proactive ambulatory care in the community, combined with an increase in acuity of patients in the hospital setting and associated impact on intensive and high dependency services*
- *Patient experience feedback and patient reported outcomes will play a greater role in operational management and transformational change of services*
- *We will have worked with patients and staff to co-design care pathways using information from both hospital and community services alongside patient feedback and views*
- *We will have a refined portfolio of 'at scale' planned care services to be determined by quality, finance and local health economy requirements*
- *Continued development of our care of the elderly integrated services and our strategy to achieve best possible outcomes for patients and carers at end of life*
- *Quality, safety and efficiency will be further improved, supported by information systems*
- *There will be an increased the role of secondary care in general physical and mental health and wellbeing of patients, concentrating on high impact areas such as nutrition, and strong focus on preventative as well as curative care*
- *We will have tailored accountable care models for each local health system. There will be active citizenship with patient ownership of health and care services supported by voluntarism within the community*
- *We will operate capitated budgets with incentives related to the health of the population, patient experience feedback and patient reported outcomes.*

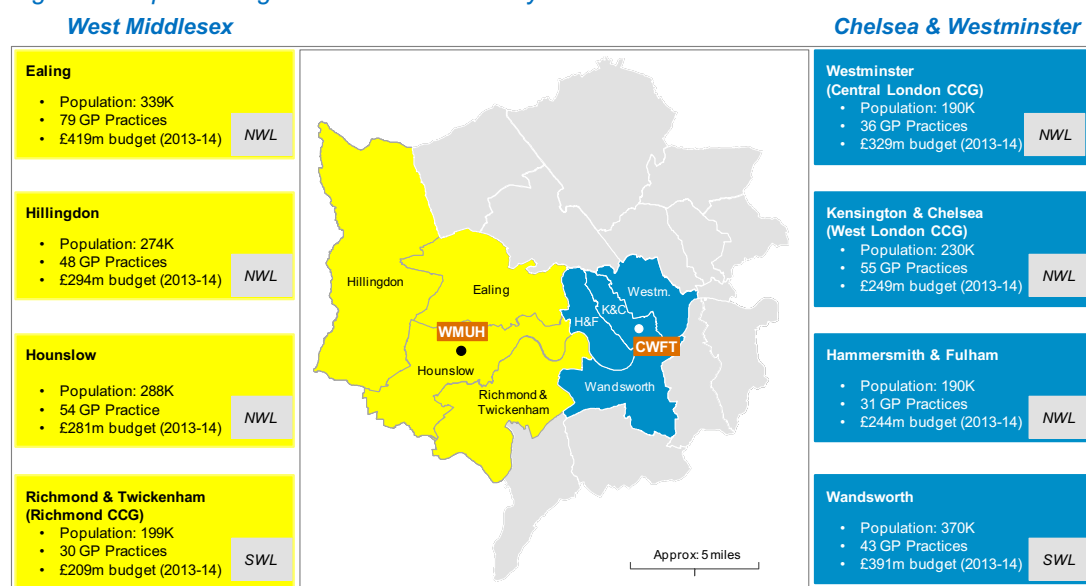
### 4.2.3 Context

Population health needs: the aging population and differing levels of need

The new enlarged combined Trust, consisting of CWH and WMUH, will primarily serve eight CCGs with local hospital services (plus other CCGs to a lesser extent). The figure below shows these CCGs with some key characteristics.



Figure 4 Map showing main CCGs served by CWH and WMUH<sup>2</sup>



The combined local population across these eight CCGs is expected to see a combined 9% growth over the next decade. This increase is likely to be disproportionately higher amongst the over 50s, which will result in an older population structure.

As the population ages, health needs will change which will add to the demands already made on local acute services. For example:

- **Age-related needs** such as hip replacements will become more prevalent
- **Lifestyle-related long term conditions** such as heart disease and diabetes will experience growing demand. Diabetes is of concern due to the rising rates of obesity in the population and increased prevalence amongst the south Asian population (with potential to impact particularly on long term ophthalmology and cardiac treatment services)
- The complexity of treatments will increase for the older patient population whilst **co-morbidities** will become **increasingly common**.

There are wide differences in the health needs across the eight CCGs that will be served by the combined Trust, which has implications for the planning of services to meet different populations' needs across an expanded catchment. For instance, there is a particularly high rate of cardiovascular disease-related emergency hospital admission among those who live in more deprived Hounslow wards.

**Capitation changes** will also impact on the resources available within the combined trust's catchment area, with the outer borough CCGs gaining in capitation whilst the inner London boroughs are expected to lose resources.

### Local commissioner landscape

Each local CCG has devised its own specific priorities but they are also working together to jointly commission services. The Shaping and Healthier Future programme (SaHF) has designated both CWFT and WMUH as major hospitals. As a result, both hospitals need to provide A&E – as well as low risk maternity services, see Section 4.3 – supported by acute medicine, acute surgery and relevant clinical support services (radiology, pathology and pharmacy) 24/7. Charing Cross and Ealing Hospitals are due to lose their A&Es under SaHF proposals, with a redirection of emergency flows from these providers to both CWFT and WMUH as a result. SaHF proposals for service reconfiguration (most of which are to be implemented in the next 3 to 5 years) are currently awaiting final approval. Improvements in out-of-hospital care however, will need to be in place before major changes to hospital services are implemented.

<sup>2</sup> Source: Individual CCG 2013/14 Prospectuses, NHS Commissioning Board "CCG financial allocations 2013 – 14"

Other local vehicles for collaboration include the CWHHE Collaborative and the South West London Effective Commissioning Initiative (SWL ECI). These partnership approaches will be of major benefit where a coherent strategy across a major population and geographical area is warranted. For example, the CWHHE Collaborative is putting great emphasis on urgent and emergency care, and plans to take joint action to reduce the volume of emergency activity in NW London hospitals.

#### 4.2.4 Strengths, Weaknesses, Opportunities and Threats

An analysis of the strengths, weaknesses, opportunities and threats (SWOT) in relation to Local Acute and Integrated Care Services is set out in the figure below. Along with our assessment of the context for this clinical services portfolio, the SWOT informs our priorities and ambitions, and the associated critical success factors, set out in 4.2.5 and 4.2.6 respectively.

Figure 5 High level SWOT analysis for Local Acute Services

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Effective A&amp;E dept and Acute Admissions Unit and staffing model, which meets key quality standards.</li> <li>Already high performing in this area with large reduction in length of stay already achieved.</li> <li>High levels of patient satisfaction demonstrated</li> <li>Strong translational research capabilities particularly in Acute Medicine, linking to the CLAHRC.</li> </ul>	<ul style="list-style-type: none"> <li>Up to one-third of beds occupied by patients who do not need to occupy a hospital bed.</li> <li>Linkages with other parts of the care system (primary, community, social care) do not facilitate integrated care</li> <li>CWFT is not the main acute provider for a number of the local authorities the Trust will need to work with in the future to improve the health / social care interface and patient discharge – making it more difficult to gain engagement / traction.</li> <li>Over-reliance on local community services to promote patient flow.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>Accountable Care Group developments in NWL – opportunities in proactive care planning, care coordination, and use of health care technology to deliver services across organisational boundaries. The Trust could be a system leader.</li> <li>Good support from some local mental health services.</li> <li>Support and willingness of local CCGs and social services to work with us going forward.</li> <li>The availability of additional estate through acquisition of WMUH.</li> </ul>	<ul style="list-style-type: none"> <li>Increased emergency admissions expected from SaHF being above expected level due to deficiencies in out of hospital care – and / or funding not being available in step with increased activity</li> <li>Effectively addressing the knock on impact of increased emergency volumes on surgery and diagnostics and hence elective throughput; and on ability to deal with pressures and surges</li> <li>Increased volume of frail elderly with more co-morbidities.</li> <li>Continued funding pressures – particularly on non-elective services.</li> <li>Requirements of scale (both service and volumes) for providing elective care (e.g. T&amp;O).</li> </ul>

#### 4.2.5 Our priorities and ambitions for Local Acute and Integrated Care Services

Our ambitions in relation to each of our priorities for the development of the Local Acute and Integrated Care Services portfolio are set out below.

##### Priority 1: Integrated Urgent and Emergency Care

We will:

- Deliver integrated urgent and emergency care services to that provide excellent outcomes and experience in the most appropriate care setting for our patients**
- Achieve class-beating performance for our patients with 24-hour, 7-day services that minimise waiting times and fully meet all relevant national and London clinical standards. These will be supported by 24/7 cover and input from core medical specialties.**

The Trust runs Emergency Departments at CWH and WMUH, meeting key quality standards including the majority of the relevant London Quality Standards (LQS). Accommodating increased non-elective patient flow to both CWFT and at WMUH due to the closure of other A&E departments in west London will require substantial pathway redesign and accelerated integration of care.



To support this objective we are building an enlarged Emergency Department (ED) at the CWH site as well as two extra theatres to accommodate incremental volumes. We will focus on reducing length of stay and providing step-down beds off-site to limit the requirement for additional acute beds at CWH, in line with our plans for integrated care (see Priority 3). We will move towards accountable-care provision in the longer term. Acute medicine will be supported by effective and efficient 'in-reach' from medical specialties.

As part of our plans for the WMUH site, we will develop an adult **Cardiac Catheter Lab** at either WMUH or CWFT site. This would be a local cardiac catheter lab, supported by a Coronary Care Unit (CCU) and day-care beds.

CCGs have stated their intention that all London Acute Trusts must have plans in place to meet LQS from April 2014. CWH currently meets 128 / 143 LQS that apply to its scope of services whilst WMUH meets 122 / 156<sup>3</sup>. The Trust intends to meet all relevant LQS standards and will review bed capacity and medical and nursing staffing levels across the new organisation. This review will take into account the requirements as a result of CQC inspections.

#### Case study – Cardiac Catheter Lab

A 67-year old woman with a history of heart disease is admitted to WMUH via A&E. Within 24 hours she is seen at the recently established on-site cardiac catheter laboratory. The woman receives a quick and accurate diagnosis, high quality follow-up community support, and an integrated and comprehensive management plan is put in place for her condition. This should improve her overall health and well-being and reduce the likelihood of future admission to hospital. She receives all of her care within her local hospital, and is home with her family within 48 hours. Both she and her family are delighted she could be treated quickly and close to home.

This was a much better experience than the time the woman was admitted two years ago. After being admitted via A&E, she had to wait for a transfer to another Trust for diagnosis. Although her care was safe, it caused her worry to wait for her diagnosis and to have the start of her treatment delayed. It was also frustrating to have to keep asking staff when the transfer would take place. The new cardiac laboratory on the West Middlesex site means that cardiac care can be offered both locally and quickly to patients, without the delays previously experienced as they waited to be transferred

### Priority 2: Efficient Planned Care

We will:

- **Provide best practice planned care services, and improve the efficiency of these services, in particular theatre productivity and day case rates, to provide better experience whilst ensuring a sustainable financial footing**
- **Develop 'at scale' specialist centres for delivering elective orthopaedics and selected other planned care specialties in order to deliver the best quality for patients in a sustainable way.**

The Trust's enlargement to include WMUH has provided an opportunity to provide elective services that improve access and experience for local patients whilst driving greater clinical and financial sustainability across the Trust.

Plans for the development of our planned care services over the next three years include:

- Consolidating orthopaedic services in a dedicated **Elective Orthopaedic Centre (EOC)** at the West Middlesex site with a capacity of approximately 2,300 procedures
- Establishing an **Eye Casualty and elective ophthalmology service** at the West Middlesex site, including a high-volume cataract centre (subject to commissioner approval). These new services are expected to attract approximately 10,000 procedures and 38,000 outpatient attendances per year
- Establishing a **Tier 3 Weight Management Unit** at the West Middlesex site, which would address significant local unmet need. The forecast is that a further circa 200 patients per annum would undertake either gastric banding or bypass surgery. Day-case gastric banding would take place at the West Middlesex site, with more complex bypass operations at the Chelsea Westminster site.

In parallel, we will continue to improve the experience, quality and efficiency of our elective and outpatient services including focusing on areas such as theatre utilisation, scheduling, and ensuring good and timely communication with patients.

<sup>3</sup> CWFT and WMUH submission to London Quality Standards (February 2014). Maternity Services standards excluded from total stated here

### **Priority 3: Support for Ageing Well and Multiple / Chronic Conditions**

#### **We will:**

- **Enhance care for frail and the elderly and those with dementia and multiple or chronic conditions to ensure excellent experience for patients, their families and carers**
- **Develop our services to operate across the care continuum, regardless of condition pathway, care setting or organisational boundary. We will achieve this initially through integrated care approaches, laying the foundations for accountable care models over years 3 to 5 of the Strategy**
- **Support the local ageing population to live healthy and independent lives for longer by embedding the Trust's Health and Wellbeing Strategy across all the services we deliver.**

The local population served by the Trust is anticipated to grow by circa 9% over the next decade, with this increase disproportionately skewed towards those over 50 years. We are committed to improving outcomes and experience for this cohort including in particular the frail and elderly and those with dementia or multiple / chronic conditions. Our approach will be twofold:

#### **Leveraging and extending our involvement in integrated care**

We will build on a number of schemes focused on support for the ageing well and those with multiple and chronic conditions through delivery of integrated care in the community, including:

- Integrated operation of our **Care of the Elderly Team** alongside our Acute Assessment Unit. Services are based in our Medical Day Unit with Adjacent Therapy services allow for assessment and treatment of elderly patients by physiotherapists and occupational therapists as a 'one-stop-shop'. We will develop services that are centred on older people's needs and build clinical services around them – including frailty and dementia.
- The **Community Independence Service** in which we are a partner. This focuses on taking a multi-professional and multi-disciplinary approach to avoiding hospital admission, facilitating early supported discharge, maximising independence and reducing dependency on other longer term services
- For those patients who have recovered from the acute stage of an illness and are medically fit but not well enough to go home we will continue to work with local partners for '**step up / step down**' **intermediate care**, ensuring effective, high quality services that are patient-centred, sensitive and responsive to individual needs and requirements.
- Our **services for palliative and end of life care and care for very old and frail people**. The Trust's End of Life Strategy sets out how the Trust will care for those at the end of life including:
  - Better identification of those approaching the end of their life
  - Care planning and effective coordination of care with single access point
  - Rapid access to care where this is needed
  - Setting, and monitoring against, agreed care standards
  - Involving and supporting carers.

The completion of the Cardiac Catheter Lab at WMUH will also open the way for a **complete cardiac care pathway** to be provided locally and offer the opportunity for the Trust, in partnership with its local commissioners, to develop community cardiac services across its catchment population and improve services to local patients.

We will work with partners across the community including general practice, community services, social care, and the third sector, to strengthen and develop local ambulatory care services to enable more people to be supported in the community and in their own homes during illness.

#### **Establishing, and delivering, our approach to Accountable Care**

The premise of the Accountable Care model is that expertise from primary care, community care, mental healthcare, specialist care, social care and third sector will combine to deliver services appropriate to population needs, free of organisational boundaries.

We aim to develop a joint venture with partners as an **Accountable Care Group** (either as a lead or a member) in order to increase the use of proactive care planning, care coordination, and use of health care



technology. This will improve care quality and patient satisfaction, whilst ensuring sustainability by driving down long term costs.

The path to becoming an accountable-care organisation – the model we will adopt and plan to deliver this – is still being developed. We recognise that our approach may need to be different for the CWH local health system than for the WMUH local health system, reflecting the different needs and characteristics of each system. We are structuring our integrated organisation to ensure that there is appropriate local capacity and focus on development of accountable care to meet the future needs of each local hospital system.

Over the next two to three years, we will focus on laying the foundations through our involvement in integrated care and accountable care pilots and building community expertise through outreach via tertiary services.

#### 4.2.6 Our Approach to Health and Wellbeing

The Trust's Health and Wellbeing Strategy sets four strategic goals that all apply to how we deliver the best possible support for all our local population including the ageing well and those with one or more long term conditions:

- **Work in partnership with NHS, local authority, third sector and academic partners to best meet the needs of our population.** We will participate in a multi-organisational approach across health and social care to improve the health and wellbeing of the local population. The commissioning and delivery models for this are increasingly shifting toward Accountable Care (see above).
- **Establish an environment and culture that addresses the determinants of good health.** Changing staff and service behaviour to include preventative as well as curative care requires a cultural shift. Initially we will focus on establishing health and wellbeing champions and shaping our environment to nudge people into making healthier choices where available.
- **Make every contact count.** We will scale up existing screening and referral mechanisms to encompass the five highest risks to health: smoking, diet, physical activity, alcohol consumption and mental wellbeing. We will provide links to services in the community that support lifestyle change; and we will link with local boroughs to ensure that referrals enable patients to receive support closer to home.
- **Support and promote the health and wellbeing of our staff.** Research shows that investment in the health and wellbeing of staff will drive positive impact on trust performance and patient satisfaction as well as improved staff wellbeing and reduce absence.

#### 4.2.7 Critical success factors

The key critical success factors that will support successful delivery are as follows:

- **Technology and IT Systems that facilitate systematic best practice and working across organisational boundaries** We are in the process of a multi-year programme to transform clinical systems across the Trust, which includes:
  - Transforming our Electronic Patient Record, which we will deliver through a multi-year programme to deliver a new clinical systems blueprint
  - Enabling the sharing of information across health and social care to support integrated working across the local health system, including integration with local systems such as SystemOne
  - Enhancing patient resource management through patient scheduling and communication to improve timeliness and mode of access to care.
- **Competent, compassionate and capable healthcare professionals working across multiple settings and working closely with teams in partner organisations.** We will support and train our staff to provide the best care and experience for our patients, both within the traditional hospital environment and working across the patient pathway regardless of care setting or organisational boundary. Our priority for multi-professional education and training sets out further detail on how we will achieve this.

### 4.3 Specialised Services



### 4.3.1 Scope

The Trust has developed centres of excellence around a number of groups of specialties, providing holistic service offers including tertiary services provided in an environment of academic specialisation. These comprise:

- Paediatric services provided by the Chelsea Children's Hospital, including tertiary Paediatric Surgery
- Women's and Maternity Services, including Neonatal Intensive Care
- Holistic services for Sexual Health, GUM and HIV, including specialist services for those living with HIV
- Burns, where we are the regional Burns Centre for Adults and a Burns Unit for children, providing Burns services, Burns Critical Care, and supporting therapies and care
- Complex and non-complex Bariatrics, including tertiary Bariatric Surgery.

The Trust also provides a full complement of medical specialties providing in-reach into our general acute services. These may provide the nucleus of further development of further specialised service offerings.

The following sections set out our vision and ambitions for our Specialised Services portfolio.

### 4.3.2 Summary vision

We will further develop and extend our current strong position in Women's and Children's, and Sexual Health and HIV services. We will continue to establish these areas as leading centres of excellence, providing tertiary services alongside local hospital and new community services to give holistic, end-to-end care focused on excellent experience and outcomes.

#### What will be different in 2020?

- *We will be one of the UK's leading Women's and Children's centres, delivering world-class clinical care, research and education. The Centre will provide a unique continuum of care from pre-conception through to adolescence and reproductive years to menopause in women that will increase the life expectancy and quality of life of the patients it serves*
- *Patient involvement, experience and the co-design of services will be embedded in our culture*
- *We will offer a fully comprehensive children's service delivered through a combination of recruitment of the best staff, and collaboration networks and stakeholder relationships*
- *We will have maintained our award-winning FGM service, endometriosis centre designation and leading menopause service, and obtained uro-gynaecology specialist services designation*
- *There will be an outreach model in place for women's and children's services e.g. new community services and more one-stop' procedures*
- *Extended tertiary HIV services will be offered across London and the UK in a 'hub and spoke' model with CWH as the hub*
- *The highly successful Express Model of care in sexual health will have expanded into broader UK and international markets.*

### 4.3.3 Context

#### Shaping a Healthier Future

The planned future distribution of maternity and paediatrics service provision across NW London is set out as part of the Shaping a Healthier Future strategy which forms the basis for local commissioning intentions. The SaHF Strategy sets out:

- A reduction from seven to six consultant led maternity units each with a minimum of 5,000 deliveries. All six units will have alongside midwifery-led units.
- A reduction from six to five paediatric units (all incorporating emergency care, inpatients and short stay/ambulatory facilities) co-located with Major Hospitals.

- A reduction from seven to six neonatal units. Five co-located with the paediatric units and one standalone unit supporting the maternity unit at Queen Charlotte's and Chelsea Hospital.

#### The consolidation of specialised care

For a number of specialised services there is a strong relationship between the number of patients and the quality of the care, as a result of the greater experience of the clinicians, availability of multidisciplinary teams, access to specialised facilities and equipment, and the ability to take more standardised approaches to care<sup>4</sup>. An example of this is the consolidation of stroke services across London, which in reducing 32 stroke units to eight specialist centres, achieved a 17% reduction in 30-day mortality and a 7% reduction in length of stay.

It is expected that for services where there is a strong relationship between quality and patient volumes, NHS England will pursue the further development of national and/or regional specialist centres for key services by designating them to major providers. There are likely to be fewer hospitals offering specialised services with a consolidation of providers serving wider geographical areas. This will be combined with a continued downward pressure on costs and greater required standards in relation to quality, safety and patient experience. To win or retain designated services providers will be required to meet raised criteria in terms of service quality and scale of provision.

Models will be developed which consolidate skills, expertise and infrastructure for particular specialist services either into a reduced number of specialist providers, or into local network based arrangements (such as 'hub and spoke'). Services where reviews are currently underway that are likely to affect the Trust include:

- **Paediatric Intensive Care**, where the number of PICU beds in London is currently being assessed by NHS England as part of a review of a possible three-site paediatric network solution for London. Early reports suggest a desire to keep the number of PICU beds constant, or even consolidate them.
- **Paediatric Oncology**, where the Paediatric Oncology External Review Panel is currently considering the arrangement for children's cancer care across NW London, with anticipated rationalisation of the number of centres across the region. CWFT currently offers a 'Level One' Paediatric Oncology Shared Care Unit (POSCU) as a 'spoke' with Great Ormond Street as the local 'hub'. As a result of the review, the Trust faces having to bid to increase acuity of care provided or cease offering paediatric cancer services.
- **Fetal Medicine**, where under the specialist commissioning requirements, sites must have a catchment of more than 30,000 deliveries per annum. CWFT and Queen Charlotte's (ICHT) are the two main sites in NW London that offer fetal medicine services. For NW London to retain a fetal medicine service the consensus among the sites is that a hub and spoke service should be designed, bringing together fetal medicine expertise and optimising staffing and skills to provide a comprehensive fetal medicine service for the sector. The spokes would be mainly sonographer delivered scanning services with a local Fetal Medicine consultant lead attached to the maternity departments of those hospitals within NW London.

#### Sexual Health Services and HIV

Following the announcement by the Government in 2010 and the implementation of the Health and Social Care Act in 2012, responsibility for commissioning of Public Health services including sexual health services moved away from NHS commissioners to local authorities. Whilst the public health budget has been ring fenced until the end of 2015/16, councils have seen large cuts in government funding. NHS providers have come under increasing pressure to reduce tariffs given the large spend on sexual health services across the UK.

Following a needs assessment and review, London Councils believe a case exists for a transformation in service provision to meet future patient, clinical and demographic needs. This is particularly relevant to sexual health as services are open access and not post-code restricted. Using services outside of residential borough is particularly common in London, where boroughs are close together, services are sometimes situated near borough borders, and many people commute to work and study.

The London Sexual Health Services Transformation Project aims to deliver a new collaborative commissioning model across the participating councils (25 out of 31) for sexual health services in London

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<sup>4</sup> For example see NHS Five Year Forward View, <https://www.england.nhs.uk/ourwork/futurenhs/5yfv-ch3/>

and, in particular, open access GUM services. The aim is to improve the patient experience, improve sexual health outcomes and provide successful cost effective delivery of excellent services across the capital. It is becoming increasingly likely that sexual health services in London will be put out to tender during FY 2016/17. The terms of the tender have not been outlined but it is clear that this presents a significant risk to the tariff that providers are able to charge.

The success of antiretroviral treatment, and the trend of diagnosing HIV earlier, has led to continuing declines in the demand for inpatient care. Rationalisation of the provision of in-patient HIV care across London has been proposed for some years but continues to be delayed.

#### 4.3.4 Strengths, Weaknesses, Opportunities and Threats

An analysis of the strengths, weaknesses, opportunities and threats (SWOT) in relation to our Specialised Services clinical portfolio is set out in the figure below. Along with our assessment of the context for this clinical services portfolio, the SWOT informs our priorities and ambitions, and the associated critical success factors, set out in 4.3.5 and 4.3.6 respectively.

Figure 6: High level SWOT analysis for Specialised Services

Strengths	Weaknesses
<ul style="list-style-type: none"> <li>Some regionally, nationally and internationally- renowned services.</li> <li>Acute Infrastructure on-site to support key services such as Maternity, HIV and Paediatrics.</li> <li>Strong research base given the size of the hospital</li> <li>Existing national and international profile in some areas of research</li> <li>Innovative and widely recognised service model for Sexual Health including 'Dean Street Express'.</li> </ul>	<ul style="list-style-type: none"> <li>Some services may be sub-scale to deliver clinical sustainability over the medium term.</li> <li>Paediatric services do not have a PICU on-site, limiting the types of interventions that can be delivered.</li> <li>Financial unsustainability of some services.</li> </ul>
Opportunities	Threats
<ul style="list-style-type: none"> <li>Partnership with the RBH to deliver paediatric cardio-respiratory services that would bring a PICU to CWH site.</li> <li>Acquisition of WMUH that could help deliver the volume of activity and scale to secure greater clinical sustainability.</li> <li>Using our highly skilled and innovative staff and our patient centred service model for Sexual Health to grow the service.</li> <li>Likely re-tendering of Sexual Health Services across majority of London during FY 2016/17 is an opportunity to capture market share.</li> <li>Leveraging our reputation and state of the art facilities to develop private patients services – particularly maternity, Children's Services and Sexual Health (see Section 5).</li> </ul>	<ul style="list-style-type: none"> <li>Proposed consolidation of specialised services into fewer centres – including Paediatric Intensive Care, Paediatric Oncology, Fetal Medicine.</li> <li>Uncertainty regarding designation of services over the medium term and beyond.</li> <li>Loss of paediatric surgical status if a PICU not secured.</li> <li>Not having the supporting infrastructure in place to scale Sexual Health services e.g. testing / Pathology</li> <li>Potential tariff reductions / capping for key services such as Sexual Health, Bariatrics.</li> <li>Strong competitors in the sector – including Imperial Healthcare, Great Ormond Street for Children's Services and Queen Charlotte's and Chelsea for Tertiary Maternity</li> </ul>

#### 4.3.5 Our priorities and ambitions for Specialised Services

Our ambitions in relation to each of our priorities for the development of the Specialised Services portfolio are set out below.

##### Priority 4: Specialised Women's and Children's Services, delivered across all of NWL

We will:

- **Create one of London's three major Children's Hospitals alongside Great Ormond Street Hospital and the Evelina, specialising in complex paediatric surgery (and dentistry) and selected medical specialties. We will offer a total pathway of care from neonates through to young adults, with support for transitioning through to adult services**
- **Be the provider of choice and the employer of choice in London for Maternity. To have an end-to-end offering including our Assisted Conception Unit (ACU) and specialist maternity services including maternal and fetal medicine, a NICU and the only neonatal surgery service in the sector.**

- **Provide excellent Women's Health services, outreaching local services such as gynaecology into the community wherever possible and achieving specialist designations for a number of tertiary services.**

#### The Chelsea Children's Hospital

We are developing a fully integrated children's hospital on the first floor of Chelsea and Westminster Hospital to achieve our vision of providing world-class children's services. This major investment in our children's services following our designation as the lead centre for specialist children's and neonatal surgery in North West London. The new Chelsea Children's Hospital includes:



- Four state-of-the-art, dedicated children's operating theatres
- Revamped children's wards
- New day surgery ward
- An extended Paediatric High Dependency Unit
- Expanded surgical recovery area.

Many components of our vision are already in place, including our state of the art operating theatres and the HDU. Achieving the vision will require creating a PICU in order to secure long-term status as a paediatric surgical centre, specifically in supporting children needing ventilation and in performing high complexity surgery.

The Trust is pursuing a proposed joint venture for Children's Services with the Royal Brompton and Harefield NHS Foundation Trust (RBH). This collaboration has the potential to generate advantages for both trusts including improved quality of care, better patient experience and creating momentum to widen the collaboration to encompass other clinical services. The integration of paediatric services would create a joint Paediatric Intensive Care Unit (PICU), based at CWH, which is a current gap in the delivery of our vision. Both trusts will also work together to prepare an FBC for a collaboration for five to ten years, shaped by the delivery of the initial projects.

Our aim is to be at the forefront of innovation in child health through the integration of care, research and education into clinical services. One example of this is our pioneering use of robotic surgery including the Da Vinci Surgical System for performing intricate surgery on babies and children, just one of many clinical innovations we are delivering as a leading centre for complex paediatric surgery.

#### Women's Health Services

Our Women's Health Services cover a broad range of specialities across:

- **Maternity**, where we are a high-risk tertiary centre with multi-specialist interest in cardiac, respiratory, diabetic, HIV and mental healthcare, fetal medicine and neonatal surgery. The service also provides for midwifery led care in the community with a home birth service or delivery in a bespoke alongside midwife led birth centre.
- **Gynaecological Services**, where we offer a wide range of services including specialist treatment for sub-fertility, colposcopy, gynaecological oncology, uro-gynaecology, pelvic floor service, endometriosis, premenstrual symptoms, menopause and minimal access surgery, and a dedicated Early Pregnancy Assessment Unit (EPAU)/ emergency gynaecology service.
- Our **Assisted Conception Unit (ACU)**, which treats more than 1,000 couples a year. A leading centre in fertility, the key to the success of our centre is its pregnancy rate. Our current pregnancy rate in women under the age of 35 is 49% (the national average in 2011 was 36%).

The integrated Trust creates the second largest Obstetric Unit in London (largest in NW London) and one of the largest units in the UK with circa 11,000 deliveries per year and growth capacity to support up to circa 12,000.

Our ambition is to leverage this footprint and scale, combined with our reputation for patient experience and quality of care to become the provider of choice for maternity services in London. We will provide a full range of low-risk to high-risk services, with specialist maternity services including maternal and fetal



medicine, a NICU and neonatal surgery. Gynaecology services will be a 'wrap around' to maternity services with a focus on efficient planned care reflecting best practice

Many of the components of this ambition are already in place, with the Trust serving as the only provider of neonatal surgery in the sector; being part of an established maternity network; and providing high-risk maternal medicine services. Our ACU has the best IVF pregnancy rates in London at 55% in under 35s. We have already significantly transformed our Gynaecology services with a focus on delivering 'lean' services, delivered in an ambulatory or day-case setting rather than as inpatient care and providing a consultant-led emergency gynaecology service. The Trust has designation as an endometriosis centre, and we are seeking uro-gynaecology specialist services designation. We have award winning FGM service and our menopause services led by one of the national experts in menopause.

In the short to medium term we will focus on 'flow' and redesigning patient pathways better and more simply than currently to make sure the right people are in the right place at the right time. These will include the introduction of virtual (telephone) clinics, ambulatory care pathways, new community services and more one-stop' procedures. We will redevelop the current NICU to provide a research-based acute perinatal service for babies who need intensive and high dependency care; and will build an integrated 'step-down' low dependency special care baby unit to provide special care and transitional care in a less medicalised environment. We also aim to significantly grow private patient work across Maternity and ACU – see Section 6 on Private Patients.

We will collaborate with Imperial to provide a single NW London Fetal Medicine Service. The new service will enable fetal medicine specialists to work across both sites and pooled resources and will help fulfil our ambition to integrate research and education with our clinical services and to fully meet future designation requirements.

#### Outreach and network-based approaches across Women's and Children's services

The Trust will play a major role in the NW London paediatric network, offering outpatient services, low complexity surgery and dentistry at other sites across NW London and over medium term play a key role in paediatric integrated care and community outreach to ensure that patients are treated as close to home as possible.

We will also work collaboratively build on our existing community-based gynaecology services (which we have expanded through successfully bidding for a number of community contracts) and our community-based maternity services to grow and develop the Women's Health services we provide across NW London, and offer outpatient and antenatal services at other sites and community settings.

#### **Priority 5: Specialised Sexual Health and HIV Services, delivered across London and more widely**

**For Specialised Sexual Health and HIV services, we will:**

- **Provide high quality, confidential and non-judgmental care to Sexual Health patients across a wide range of settings**
- **Expand our leading Sexual Health service within London, across the UK and internationally. Leverage our highly skilled and innovative staff and our patient centred service model (including Dean Street Express), delivering excellent experience and class beating times for results and time to treatment**
- **Extend the reach of our nationally recognised tertiary HIV services to provide excellent experience and best in class outcomes to more patients across London and more widely through a networked 'hub and spoke' model with CWH as the hub.**

CWFT provides the UK's largest sexual health service. With over 185,000 attendances in 2014/15, the service has seen a dramatic increase in both income and activity in the past two years. Four clinics; 56 Dean Street & Dean Street Express (Soho), West London Centre for Sexual Health (Hammersmith) and John Hunter Clinic (Chelsea) each have over 28,000 clinic attendances per year.

The HIV service provides care for 8,000 individuals. This is the largest clinic cohort of people living with HIV in Northern Europe. Services are delivered from three clinics. Along with generic HIV services, there are a wide range of specialised services including: joint clinics with various specialties; specialised

pharmacies; and a 19-bedded negative pressure single room ward with day care area for rapid access to diagnostics and treatment. Research is integrated across all clinical services and, in collaboration with St Stephen's AIDS Trust (SSAT), numerous clinical studies are conducted each year.

Both the Sexual Health and HIV service have grown from the 01 April 2015 when CWFT took over running HIV services and working in partnership to deliver GUM services in Hertfordshire.

Our approach to realising our ambitions for Sexual Health and HIV Services includes the following developments:

- Building on the success of the 'Express Model' for Sexual Health testing, CWFT will implement a 'GUM IT and Pathology Modernisation Project' to roll out parts of the model across the rest of the Trust's sexual health services.
- Continuing to grow the Sexual Health Service, leveraging the significant innovations created in our existing service including the 'Express Model' with its more patient centred, efficient model which leads to reduced times for results and time to treatment and so significant improvements in reducing transmission rates. Taking over the Hertfordshire service has already demonstrated the opportunities for growth and this model could become a blueprint for running further services in other areas. The London Transformation Project offers an opportunity for the Trust to bid and expand to run other services within London.
- Leveraging the significant interest in the Express Model from international markets. We are currently considering commercial exploitation of the Express model 'plug and play' package in different markets around the globe.
- Outside the M25, offering the licenced Express Model software as either a 'plug and play' package, or in a more structured partnership approach either with a current healthcare provider or business aiming to enter the sexual health market.
- We will continue to develop our tertiary HIV service through a 'networked' model of care, where CWH will act as a hub for a number of large and small HIV services, while simultaneously growing its own patient cohort.
- Building and leveraging our HIV Research Unit and our collaboration with SSAT, which together focus on improving the care of HIV positive patients and contributing to many major, multi-centre research studies that are revolutionising the treatment of HIV/AIDS.

#### Case study – HIV Services

A 28-year-old gay man from Ealing wanted to quickly and privately find out about his risk of HIV. He was embarrassed about using a GUM clinic, so used the Dean Street at Home service, which provides an online self-assessment of HIV risk through a dedicated website.

After completing an online pre-test discussion with one of the specialist Consultants, he was offered a free HIV home testing kit. This is a self-test with a postal mouth swabbing sampling kit, where test results provided by phone. The man was relieved to receive a text message telling him he had tested negative. Should the result have been positive, he would have been contacted directly by the expert team of health advisers at 56 Dean Street for further tests and advice.

When asked what about his experience using the service the young man said he would be really confident in using it again in the future. The service was fast, confidential and easy to use and shows how using technology in innovative ways can improve services and allow

#### 4.3.6 Critical success factors

For **Specialised Services** in general, the key critical success factors that will enable delivery of our priorities:

- i. **Estates and infrastructure** – Delivery of specialised services requires a critical mass of supporting infrastructure including equipment and clinical support services. This applies to both CWFT and partner organisations where we are reliant on their support infrastructure.

Having high quality estates and facilities is a significant enabler for patients choosing the Trust for NHS and private patient services, and a driver of their positive experience and outcomes. In particular:

- Both CWH and WMUH have invested significantly (and continue to invest) in their Maternity estate which will enable us to deliver on our ambitions for Women's Health and Maternity
- Our development of the Chelsea Children's Hospital as a state of the art facility with co-located services supports our vision for Children's Services.

- ii. **Service activity and scale to secure designation** – For many specialist services scale of service and patient volumes are a key driver of quality as well as sustainability. Two major factors are driving greater scale and critical mass for the Trust's specialised services:

- Collaborating with partner organisations to take a networked approach to delivering services. An example of the is our developing collaboration with RBH on specialist paediatric services
  - Increasing critical mass of local population served by the CWH and WMUH hospitals. For example following the acquisition of WMUH, the cohort of around 8,500 patients supported by our HIV service will make ours comfortably the largest HIV service in Northern Europe and will mean that we are caring for around 1 in 10 of the patients living with HIV in the UK.
- iii. **Culture of excellence and innovation across our workforce** – We recognise a virtuous circle between clinical excellence of our services, the development of our People, and the delivery of leading research and innovation. Investment in our People – both through clinical and non-clinical training and development is essential to maintaining a culture focused on quality excellence, systematic rigour, and fostering and fully realising clinical innovation and applied research. This applies to all staff types and all levels of education, and leverages the strong educational faculties at both CWFT and WMUH.

## 4.4 Innovation and Research

### 4.4.1 Scope

Doing research into health and the delivery of healthcare services is vitally important to the NHS because the outcomes can be used to influence the quality of services delivered to patients. This means that patients are able to gain access to the best available treatments and services, which have been rigorously tested, as well as innovative and leading edge treatments that can significantly improve health outcomes.



Areas where research is currently being undertaken include:

- Acute Medicine
- Anaesthetics
- Burns
- Cancer
- Critical Care
- Dermatology
- Diabetes
- HIV and Sexual Health
- Neonatal Medicine
- Obstetrics and Gynaecology
- Ophthalmology
- Paediatrics
- Pain
- Respiratory Medicine
- Surgery
- Therapies.

The Trust currently hosts two large National Institute of Health Research (NIHR) funded programmes, the NIHR Collaboration for Leadership in Health Research and Care Northwest London (CLAHRC NWL) and the NIHR Applied Research Programme (Medicines for Neonates) both leading changes in patient care, clinical service delivery, and research practice. Enterprising Health Partnership (EHP) is a partnership with the hospital charity, CW+, to identify and invest in financially sustainable services, technologies and equipment that will improve patient care<sup>5</sup>.

### 4.4.2 Summary vision

Our vision for the next five years is to be a leading centre for applied and translational research and innovation where patients will have access to world-class research.

#### **What will be different in 2020?**

- *Staff will embrace research and innovation to improve patient care and experience by rapid adoption of evidence based practices across the Trust*
- *We will have a culture of continuous research into the drivers for the best experience of care for patients and we will use this to drive our vision and practice*
- *Patients will be engaged and involved in the co-design of research projects*

<sup>5</sup> See [www.cwplus.org.uk/ehp](http://www.cwplus.org.uk/ehp) for further details



- *Through building increased research capacity and capability, we will deliver high quality research outputs and help to engage staff and patients throughout the organisation and directly contribute to improved patient outcomes and experience, consistent with the wider strategic and organisational objectives*
- *We will have further built our leading reputation for research into HIV including leveraging the HIV Research Unit and our collaboration with the St Stephens AIDS Trust.*

The Trust aims to continually improve services to maximise positive patient outcomes. Research and innovation is an enabler that will help achieve this objective through translating research outputs into practice and increasing the speed at which they are adopted for patient benefit. One of the Trust's four corporate objectives is 'to deliver excellence in innovation, teaching and research'. Our strategy for Research and Innovation, summarised in this section, supports achieving this objective and is underpinned by an informed analysis of the current national and local strategic priorities; our unique strengths as an NHS research active Trust, and the views of our clinicians, investigators, managers and patients.

#### 4.4.3 Context

The 'Cooksey Review' (2006) highlighted the UK's global reputation for high quality basic research but emphasised the poor uptake and adoption of research evidence into routine practice. The NHS and Universities were challenged to focus upon the entire research pathway from discovery to delivery and the need to develop productive partnerships between the NHS, academia and industry. More recently, 'Innovation, Health and Wealth' (2011), and the Strategy for UK Life Sciences emphasised the need to transform the UK health innovation and life sciences landscape to promote economic growth, and accelerate patient access to new therapies and innovation within the NHS.

Improved productivity within the UK healthcare and life sciences research sectors is critical to delivering these objectives and NIHR funding to NHS Trusts is conditional upon meeting pre-defined national benchmarks for clinical trial delivery. These include patient recruitment to time and target, and first patient visit within 70 days of NHS research permission. Achieving these performance targets directly funds the local NHS-funded research infrastructure necessary to promote increased patient recruitment within a high quality clinical governance structure.

The NIHR local Clinical Research Network (CRN) is mapped to the NW London geographical boundaries with fewer research themes and a five-year planning cycle with central sign off for research to streamline approval systems. The NW London budget will be approximately £125million over the five years from April 2014.

CLAHRC NWL is one of 13 national CLAHRCs. It brings together a powerful alliance between internationally leading researchers and NHS professionals, patients, managers and commissioners to work for the benefit of patients and the population in northwest London and beyond. CLAHRC NWL also engages local authorities, industry partners and third sector organisations to benefit from the expertise and contributions they can make. Increased investment in translational research will strengthen cross-sector collaboration at organisational and patient level. NW London hosts an extensive NIHR family comprising Imperial College Biomedical Research Centre (BRC), Royal Brompton & Harefield Hospital NHS Foundation Trust Biomedical Research Units (BRUs), local CRNs, and CLAHRC NWL. These organisations form a pipeline of innovation for improved patient outcomes. Imperial College Health Partners and the NIHR CRN are working with industry will help broaden the scope and geographic impact to benefit the local patient population.

#### Case study – funding researchers

The CLAHRC Improvement Leader Fellowship is an individual development programme for passionate people who want to make a difference in healthcare. It is a twelve-month programme, with a bursary of £7,500 to support a fellow to conduct an improvement project on the ground and leadership workshops to develop each fellow as a champion of Improvement. Five programmes have run between 2010 and 2014, with 58 fellow alumni from a range of professional backgrounds and including seven patients. Previous fellows who have gone on to further study (e.g. PhDs, Masters), have published and won grant funding to continue their work improving services in the local health sector.

#### 4.4.4 Strengths, Weaknesses, Opportunities and Threats

An analysis of the strengths, weaknesses, opportunities and threats (SWOT) in relation to Innovation and Research is set out in the figure below. Along with our assessment of the context for this clinical services portfolio, the SWOT informs our priorities and ambitions, and the associated critical success factors, set out in 4.4.5 and 4.4.6 respectively.

Figure 7 SWOT analysis for Innovation and Research



#### 4.4.5 Our Priorities and ambitions for Innovation and Research

Our ambitions in relation to each of our priorities for the development of the Innovation and Research portfolio are set out below.

##### Priority 7: Translating research ‘from bench to bedside’ (supported by quality improvement methodology)

We will:

- **Embed a research and innovation culture capable of driving high quality research, service innovation and improvement**
- **Build research capacity and capability to deliver research excellence and readiness within an evolving research and innovation landscape**
- **Deliver world class research and innovation aligned to clinical and academic priorities with capacity to transform the quality of treatments and services**
- **Develop and strengthen collaborative partnerships with industry**
- **Continue to build strong synergistic partnerships across NW London to respond to national and local priorities and opportunities.**
- **Research the drivers of excellent patient experience to embed evidence-based practice in this area.**

A strong **research and innovation culture** provides a supportive environment within which to develop and retain a skilled workforce with capacity to undertake high quality research and translate the benefits into improved patient outcomes. Specific actions we will take:

- Embed research and innovation at all levels of the organisation and create multi-professional leadership roles to promote staff engagement, recruitment and retention.
- Support senior investigators to maximise research outputs based on clinical and research expertise.

A **skilled and knowledgeable research workforce** is necessary to increase both the number of clinical trials undertaken and patients recruited (local and national research objectives). Specific actions we will take:

- Provide in-house research training combined with professional development opportunities including higher degrees and research fellowships in partnership with Imperial College and health care charities
- Work through multi-professional Research Associates to increase engagement of all staff including nurses, midwives and allied health professionals

- Develop a research portal that will support and manage all research data and expand opportunities for patients to directly contribute to research.

The Trust will build on existing research strengths, which include the local research partnerships between the basic and clinical sciences for the delivery of **world class applied and translational research**. Key actions include:

- Pursue key research priorities including Acute Medicine, Child and Maternal Health, HIV and Immunology, and translating outcomes from the nationally successful NIHR CLAHRC NWL and Neonatal Research programmes into improved patient experience and outcomes.
- Continuing to build partnerships with other providers across NW London
- Leverage knowledge and technology partnerships to manage intellectual property (IP), and ensure innovation is translated into service improvements

#### Case Study – patients in health and social care research

“Involvement with CLAHRC NWL has been life changing for me” – Patient Leader

CLAHRC NWL is not a typical research programme. While our focus is on research for improvement rather than just for judgement, the outcomes produce so much more than that. We are a family of individuals and organisations who are all focused on a common goal of improving health and social care delivery and outcomes.

Sometimes this involves challenging the status quo or current thinking and we take shared responsibility for overcoming difficulties to deliver improved services. Using our access to international ‘best practice and thinking’ from thousands of academic papers that we have reviewed, and the wisdom we have gained from all of the teams and individuals we have worked with, we can drive forward transformational change. Our resources and knowledge bank help project participants to avoid pitfalls and have the best chance of delivering long lasting improvements.

Improved **industry engagement** will yield benefits for patients, staff and the wider organisation. The NIHR CLAHRC has a growing number of industry research partners working with the Trust and it is envisaged this will further increase over the next five years. Specific actions include

- Fostering improved industry engagement aiming to become recognised as a growing centre for high quality clinical research. This will build on a shared industry post with the Royal Brompton & Harefield NHS Foundation Trust with support from the NIHR CRN for NW London and support investigators design and deliver high quality clinical research.

The Trust will maintain high quality research and clinical services, **working closely with local partners to increase the speed at which new healthcare solutions are adopted into practice**, placing the Trust at the forefront of innovative clinical practice. Specific actions include:

- Strengthening partnerships with local NHS providers and community, the NIHR family network, Imperial College, industry, and local charities.
- Collaboration with the West London Genomic Medicine Centre to translate the latest genomic research into patient benefit through improved diagnostics and to recruit to the 100,000 Genomes project.

#### 4.4.6 Critical success factors

The key critical success factors that will enable delivery of our ambitions:

- Strong leadership of our research and innovation agenda.** This will be driven through interest and support at senior levels of the organisation and robust governance, including ensuring that the Trust has an active and supportive Research Strategy Board.
- Strong collaboration with partners at all levels.** At a local level, this includes continuing to build partnerships across NW London including with Imperial College London, Royal Brompton & Harefield and Royal Marsden Hospitals and Imperial College Health Partners. It is also essential to build collaborative relationships at a national and international level, with the charitable sector and with industry.
- Active training and up-skilling of staff to enable them to support and deliver excellent research, and translation of research into practice and patient benefit, in line with the Trust’s vision.** This will be delivered through a combination of appropriate training and up-skilling, developing a culture that attracts and retains productive researchers, and actively supporting integrated care through ambulatory upskilling of our people and through driving the agenda for translational research in this area. We will build an organisational culture that supports the proactive adoption of innovation by all staff.

## 4.5 Education and Training

### 4.5.1 Scope

The Trust's Clinical Learning and Development Department provides clinical education to the Trust and our education partners. This includes:

- Undergraduate and Postgraduate Medical Education
- Training for Healthcare Assistants, Maternity Support Workers and Allied Health Professionals
- Training and continued professional development for Nurses and Midwives
- Pharmacy education.

The Trust also provides non-clinical education through the Department of Organisational Learning and Development, with the aim of supporting development knowledge and skills, personal development and career progression, as well as statutory and mandatory training requirements for staff more generally.

### 4.5.2 Summary vision

#### ***What will be different in 2020?***

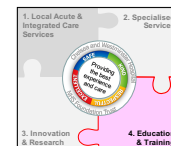
- *We will be an outstanding provider of health education including undergraduate and postgraduate education—not just for medicine, but for all clinical and managerial professions that serve the needs of our patients*
- *Training will be highly multidisciplinary and delivered together with primary and community care.*
- *We will develop our people to address the challenges of the future NHS, including managing multiple and often chronic conditions, maintaining a focus on health and wellbeing of patients and the broader community, understanding and leading change and transformation, being resilient and creative, and learning to be advocates for the populations they serve*
- *We will have developed appropriate training and staffing models geared to best addressing patient need – for example carers rather than clinical staff for non-medically dependant patients*
- *There will be excellent support and development for clinical and managerial leaders*
- *We will focus on the education of patients, carers and communities to drive resilience, health and wellbeing, and the ability to self-manage.*

### 4.5.3 Context

The NHS Five Year Forward View argues that achieving a financially sustainable NHS requires “a radical upgrade in preventative and public health” alongside increased investment in primary care with significant efforts to recruit and retain high quality General Practitioners. More than 90% of all consultations within the NHS take place in general practice (90% of those will be managed entirely within General Practice) at a cost of around 8% of the NHS budget. The Five Year Forward View mirrors “Greenaway” which sets out a vision for the future in which “locally delivered care will require more doctors trained in broad specialties [and] able to manage acute situations in the community with the goal of keeping people out of hospital.”

The Francis Enquiry pressed for increasing emphasis on values and behaviours such as compassion and empathy. This interest in the development of character of employees is not limited to the NHS. The CBI, for example, has set out the 10 most important skills and characteristics looked for by an employer. Intellectual ability is not considered the most important, instead characteristics such as communication skills, team working skills, integrity, creativity and resilience are identified as crucial.

The educational challenge for the Trust is considerable. In the future the majority of medical staff are likely to need to be able to manage multiple and often chronic conditions. In doing so they will also need to be able to engage with public health policy and its implementation, to understand budgets, have leadership skills, understand the nature of transformation, be resilient and creative, and learn to be advocates for the populations they serve.

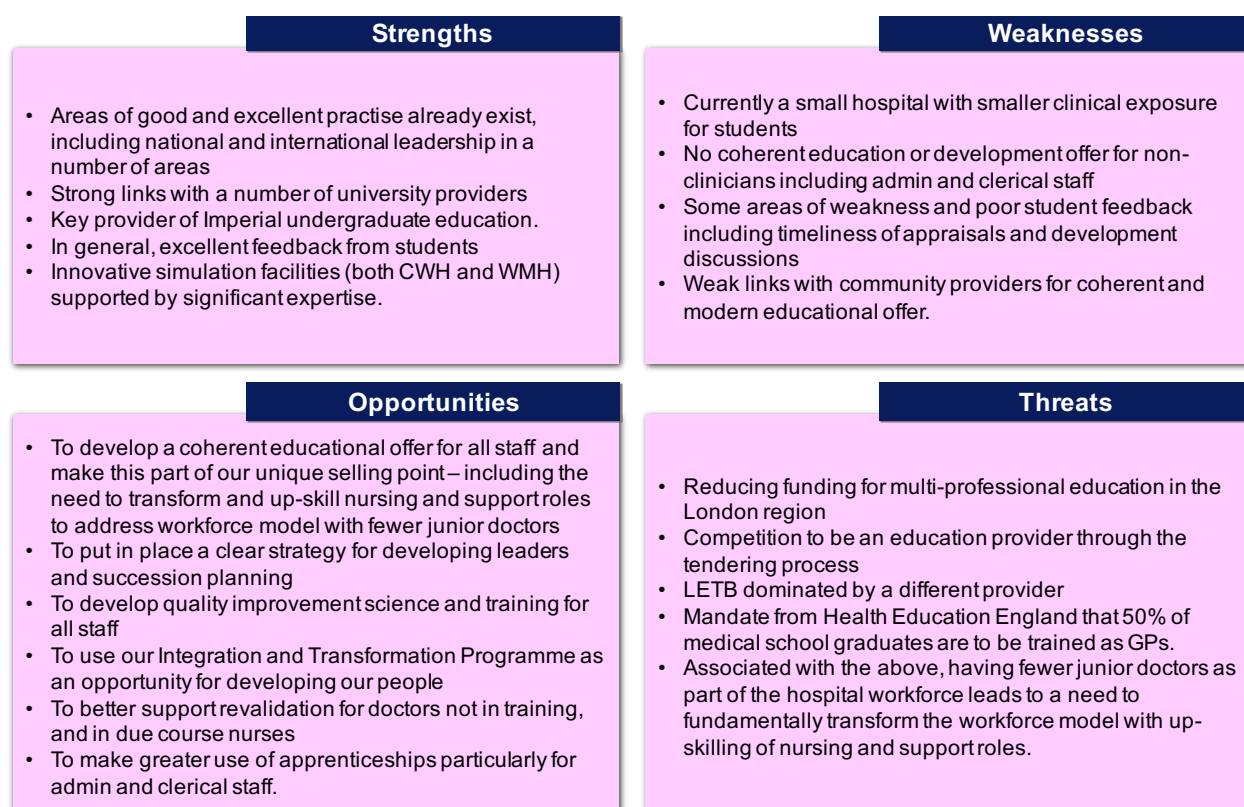


If the trust is to build on its reputation for educational excellence it will need to offer educational opportunities that not only deliver “mandatory” requirements, such as hand hygiene, but also equip all staff and trainees with the core knowledge, skills, attributes and behaviours that will allow them to develop and flourish within the NHS.

#### 4.5.4 Strengths, Weaknesses, Opportunities and Threats

An analysis of the strengths, weaknesses, opportunities and threats (SWOT) in relation to Training and Education is set out in the figure below. Along with our assessment of the context for this clinical services portfolio, the SWOT informs our priorities and ambitions, and the associated critical success factors, set out in 4.5.5 and 4.5.6 respectively.

Figure 8 SWOT analysis for Training and Education



#### 4.5.5 Our Priorities and ambitions for Education and Training

Our ambitions in relation to each of our priorities for the development of the Education and Training portfolio are set out below.

##### Priority 8: Multi-professional training

We will:

- **Develop a coherent educational offer with excellent training experience for all our People and make this part of our unique selling point, supported by timely appraisals and development discussions**
- **Develop a clear strategy and approach to developing leaders across our organisation including succession planning**
- **Defend and extend the resources we currently devote to education**
- **Use our integration and transformation programme as an opportunity to develop understanding and leadership of change right across our organisation**
- **Tailor multi-professional training to specific patient needs such as acute care nurses**
- **Develop quality improvement and innovation methodologies and training for all staff.**



The following steps will be brought together into a plan for multi-professional training, developed by the during Q3 2015/16, and setting out a multi-year plan of action. This will be taken forward by dedicated leads across the organisation, supported by the Trust's Learning and Organisational Development team.

We will **define our training offer** through convening a small multidisciplinary task group to consider how these key themes could be delivered, using new technologies and simulation amongst other modalities. The group will design a trust education offer that is highly multidisciplinary, tailored to patient need, and delivered in company with primary and community care. This offer should not only equip people with knowledge and skills but also develop character, resilience and creativity.

We will tailor staff development and education to reflect changing patient needs and models of care. This includes developing the use of carers rather than medical staff for non-medically dependant patients; and development and up-skilling of the nurse practitioner and Allied Health professional (AHP) workforce.

We will support the development of our staff to engage in and lead transformational change, using **our Integration Programme** as the vehicle for developing and testing these skills and knowledge. We will link engagement in the Programme and supporting projects with our training offer including Institute of Leadership and Management (ILM) accreditation.

We will run a comprehensive **programme to develop our leaders**, supported with succession planning and strong performance management and appraisal processes. Our leadership development approach will have three objectives:

- Developing great leaders in every post who, individually and collectively, drive and enable clinical excellence, champion and facilitate the change needed for the Trust to sustainably achieve its goals, and capable of developing the people who work for them
- Enhance the Trust's offer to employees as a great place for individuals to develop their capabilities and careers, thereby securing even more talented recruits and retaining them for longer
- Create a vehicle through which a single set of values and expectations can be developed and shared, thereby creating effective working relationships and a sense of belonging between individuals and teams from the clinical and management professions and across different geographical sites and organisational divisions.

#### Case study – Education and Training

Cathy joined the Trust in 2010 following completion of her first degree in Psychology and counselling. While working in the Trust she ended up in a hospital as a patient; and this experience caused her to rethink her future and how she could provide care in a more physical way.

Cathy continued to work supporting learning and development coordination, and with the support of her manager secured salary support to enter into a nurse training programme at King's College London. She has now reached the end of her nurse training and will be returning to the Trust as a Staff Nurse and will be presenting her research dissertation at the Trust Clinical Research day.

She has valued the opportunity allowing her to change career and take forward her aim to deliver care both physically and psychologically.

#### 4.5.6 Critical success factors

The key critical success factors that will enable delivery of our ambitions:

- **Putting leadership of transformation and change at the heart of our culture.** The integration of CWFT and WMUH and associated programme of transformation and change presents a significant opportunity to catalyse the development of a culture of change leadership
- **Broad based support for our training and education ambitions, supported by devoted time and resource.** Excellence in training and education must run as a 'golden thread' throughout all our other priorities. This needs to be supported by appropriate levels of time and resource across the organisation and by excellent systems, processes and ways of working
- **Maintaining and extending external recognition of our educational offer.** The Trust has a strong reputation for education but we must continue to build our reputation and brand (and the experience and reputations of training faculties on both CWH and WMUH sites)
- **Using our simulation facilities in innovative and value adding ways.** The Chelsea and Westminster Simulation Suite, and our surgical simulation facilities and WMH, are a key resource to support the education of our People, as well as supporting collaboration with our partners (for example

our work with Imperial College Distributed Simulation Group on safety culture), and being an asset which can generate income in its own right

- **Extending and improving multimedia learning.** Extending access and ability of staff to undertake development through high quality e-Learning tools
- **Supportive professional development.** Working with individuals to understand their professional development aspirations and develop learning and development plans which respond to the needs of both individual and the Trust.

## 5 How will we deliver on our Quality ambitions for our clinical services?

### 5.1 Context

There is clear evidence that improving quality of services both improves outcomes for patients and reduces costs through reduced harm, waste and variation. This makes Quality a very significant driver of value for healthcare providers (health outcomes achieved for patients relative to the costs of achieving them).

The Trust's Quality Strategy and Plan (QSP) is an underpinning Strategy to the Clinical Services Strategy. It sets out a three-year journey for how we will work to continuously improve the quality of our services.

### 5.2 Overview of the Quality Strategy

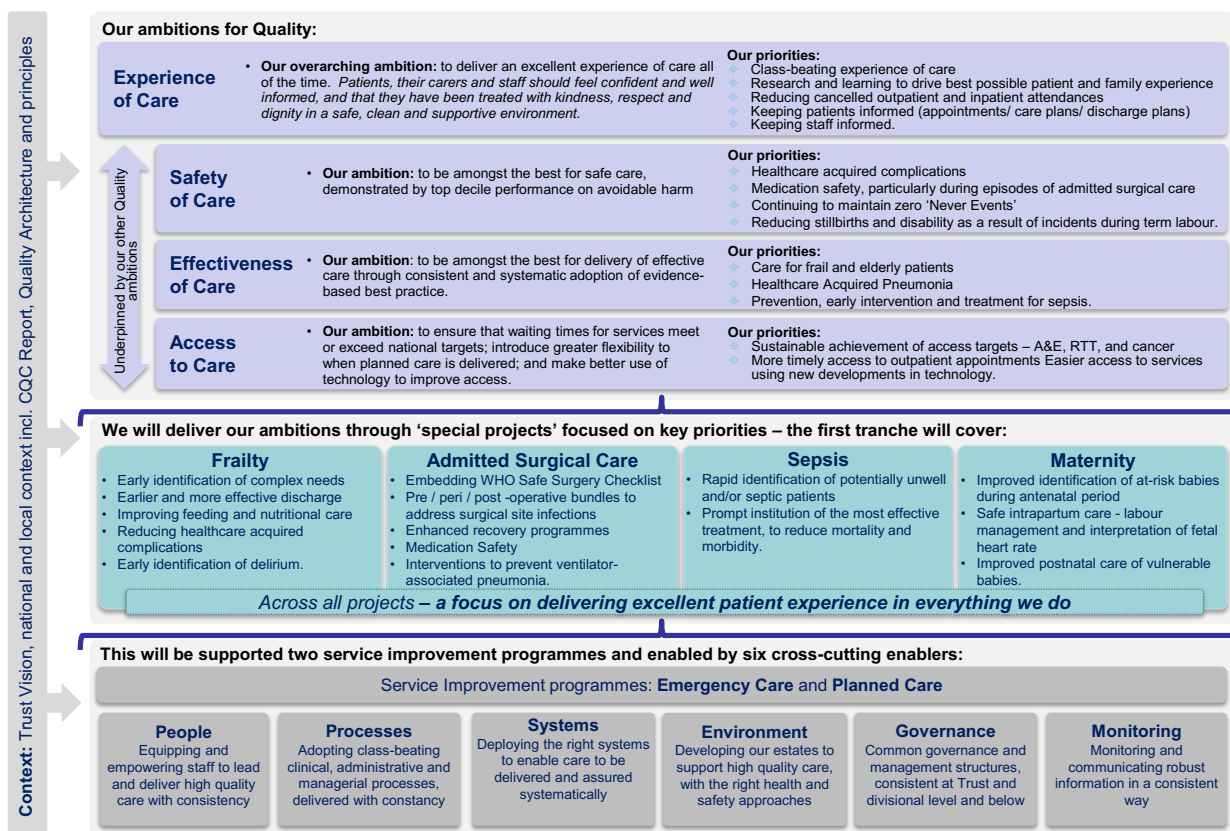
The Trust places **Experience of Care** at the heart of the QSP, supported by our ambitions in relation to the other elements of Quality: **Safety of Care**, **Effectiveness of Care**, and **Access to Care**.

We will deliver our ambitions for Quality through tranches of 'special projects' focusing on priority areas that have been identified through broad engagement with our staff and stakeholders. The initial tranche of projects will focus on Frailty, Admitted Surgical Care, Sepsis and Maternity.

Delivery will be supported by the Trust's two overarching service improvement programmes and enabled through six crosscutting 'Enabler' workstreams. Work across these Enablers will be essential for delivering a rigorous and systematic approach to quality, clinically led, with multidisciplinary ownership from doctors, nurses and managers across the Trust.

A high-level overview of the QSP is set out the figure below.

Figure 9 Quality Strategy and Plan - 'Strategy on a Page'





## 6 How will we develop our Private Patients business to support our Strategy?

### 6.1 Introduction

The Trust aims to further develop its Private Patients business, building on our leading local hospital and specialised services within the private and international markets. Our objective is to diversify the Trust's income and enable investment into all our services, to further strengthen our reputation for excellent outcomes and experience, and to help to attract the best staff.

The private patient services currently offered by the Trust cover private maternity, medical and surgical specialties delivered at the Chelsea Wing, private work at our Assisted Conception Unit (ACU), and services offered to patients from overseas.

### 6.2 Market

Given CWFT's prime location in one of the UK's most affluent areas and its related demographics, its consultant profile, and the broad range of acute specialisms available, income from private healthcare activity within the Trust presents an excellent opportunity to secure sustainable income streams, the contribution from which would considerably support NHS service developments and the associated clinical and non-clinical resource investments required.

The total London adult and paediatric private patient markets generate around £1.4bn in annual revenue. CWFT has approximately 1% share of this market. WMUH offers a further opportunity in this area as there is currently no provision on that site for patients wanting to access private patient services. We will focus on:

- Adult Elective and Non-elective services
- Maternity services
- Assisted Conception services
- Paediatrics.

### 6.3 How we will develop our Private Patients business

Our ambition is to grow our private patient income to double its current level over the next four years. We will do detailed market analysis in our priority areas for growth of the private patient offer, and aim to increase our private patient income from £13.1m in 2014/15 to £24m by 2019/20.

### 6.4 Critical success factors

For **Private Patient Services**, the essential requirements for the success of a private healthcare unit is the provision of dedicated, ring-fenced facilities and services operating within a single focused business unit covering the entire continuum of patient care from clinical operations, to administration and support, billing and reimbursement management, and service marketing. This includes but is not exclusive to:

- Consultants** – a streamlined and efficient clerical team to cover the entire patient pathway from appointment bookings, to ensuring theatres are appropriately available on the date and time required by patient and consultant, and efficiently managed to maximise the number of private cases per session
- Patients** – a high quality modern environment, with quick access to facilities, safe, professional, friendly and efficient care, a hotel approach to customer service and catering, and concierge services to ensure patients experience a smooth transition from point of arrival at the hospital to discharge and follow up.
- Billing and pricing** – a reimbursement team to ensure that all private activity carried out in the hospital is profitable (avoiding NHS subsidisation), and to negotiate annual and new service development pricing agreements with the private medical insurers or other funding sources, and to minimise debt and risk.
- Marketing** – experienced marketing resources to focus on service, product, and consultant marketing to local GP's, insurers, international embassies and their agents, direct to patients, and to non-Trust consultants with off-site private practices.

- v. **International team** – to attract overseas patients and provide bilingual support to the Consultant, patient and patient family.

## 7 How will we ensure the Strategy is financially sustainable?

### 7.1 Financial context for the Trust

CWFT has historically delivered strong financial performance, posting year on year surpluses and maintaining a Financial Risk Rating (FRR) of four or above. The Trust has used a combination of cash generated and, where appropriate, loans to fund an ambitious capital programme to enable transformational change, innovative service delivery and to enable the Trust's Clinical Strategy to be implemented.

Looking ahead, in common with all NHS Trusts, CWFT is facing increasing financial pressures, including tariff deflation, commissioner initiated demand management and a requirement to fund increased quality and safety standards. Service reconfiguration in NW London, primarily via SaHF, will also have an adverse financial impact on CWFT. Within this context, CWFT's financial strategy and associated Long Term Financial Model (LTFM), aims to deliver a financially sustainable organisation as demonstrated by a Continuity of Service Risk Rating (CoSRR) of three or above, plus achievement of surplus.

### 7.2 Overarching principles

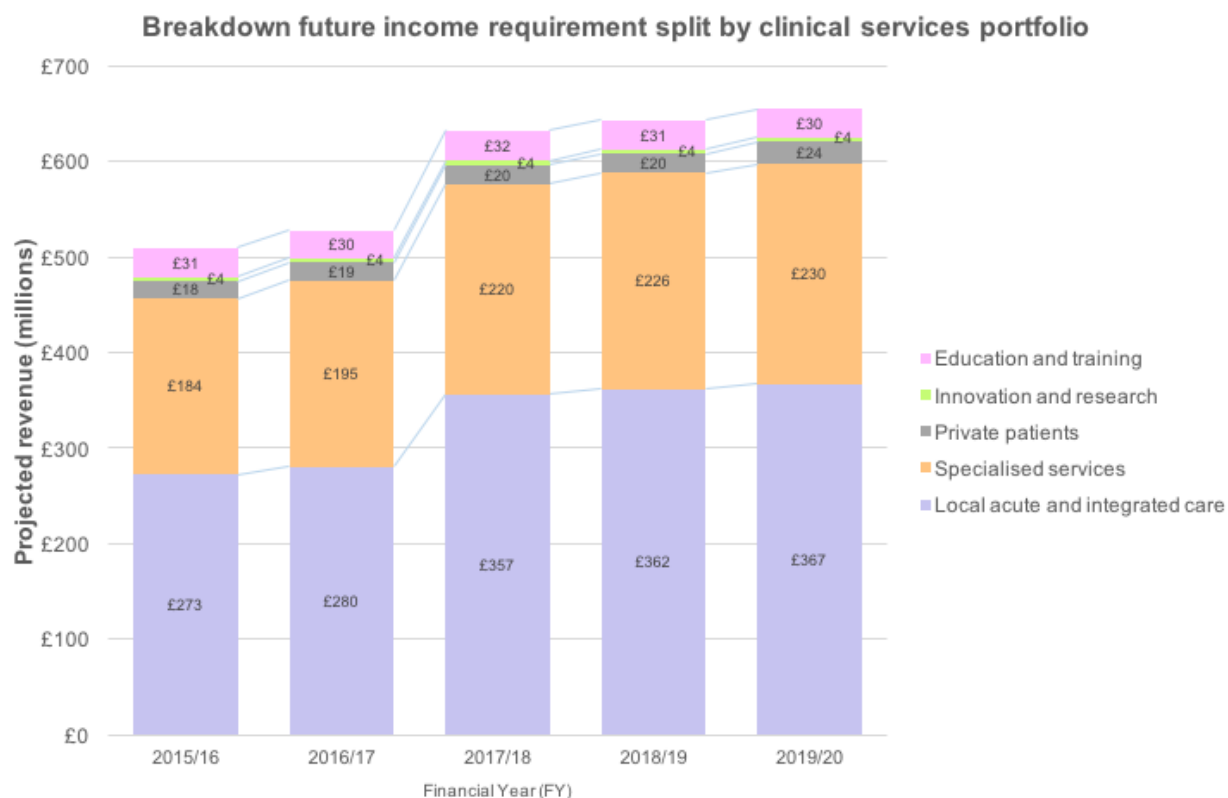
The Clinical Services Strategy for the Trust must be developed in a way that delivers long-term financial sustainability. The key facets of this are:

- Creating a financially sustainable organisation over a five year time horizon, defined by a minimum CoSRR of 3 and achievement of surplus
- Having a CIP requirement that is deliverable whilst enabling services to be provided safely, effectively and without compromise to patient experience
- Having the ability to generate sufficient cash to fund capital developments
- Aligning with the commissioners' plans and supporting the longer term sustainability of the Local Health Economy
- Recognising risks and identifying mitigation to an acceptable level for the Board and Governors
- Ensuring that any strategic undertaking is consistent with CWFT's clinical strategy and does not dilute CWFT's financial and clinical sustainability.

### 7.3 Financial envelope for the Clinical Services Strategy

The figure below sets out the high-level financial envelope that the Clinical Services Strategy needs to deliver in terms of minimum projected income from our four clinical services portfolios over the next five years. This is based on our Transaction LTFM.

*Figure 10 Projected income need to achieve financial sustainability over the period 2015-20 (split by clinical services portfolio plus private patients)*



This assumes that the following are delivered in line the projections / assumptions set out in the Integrated Business Plan and LTFM for the Transaction:

- Projected income, one-off and ongoing costs associated with service developments, currently comprising Bariatric Surgery, Cardiology Catheter Lab, Ophthalmology, Physiological Measurement, and the Elective Orthopaedic Centre (EOC)
- Financial savings associated with Cost Improvement Programmes (CIPs) at CWH and WMUH
- Assumptions for each Trust for QIPP, marginal cost rates and pressures (including inflation, tariff deflation and local staff pressures), and efficiency.

## 8 How will clinical services portfolios be developed?

### 8.1 Introduction – Developing the clinical services portfolios

It is essential that the clinical services delivered by the Trust are developed in line with the Trust's vision and Clinical Services Strategy.

The Trust follows a set of principles that guide the construction and development of its four clinical service portfolios. Clinical service portfolios are further shaped by ongoing analysis of the different service lines that each comprises, to ensure that these are operating in a clinically and financially sustainable way; and that action is taken to address risks or issues.

To support the development of clinical services, the Trust must make corresponding enabling changes to its workforce, estate, IM&T and its partnerships.

### 8.2 Portfolio principles

The Trust uses the following questions to guide how the clinical services portfolio should develop. These are not pass / fail criteria but rather a set of considerations that guide the scope of the clinical services portfolio and provide the basis for recommendations for the relevant service lines.

1. Does it address a profound need of significant section of our population?
2. Is it profitable / will it be profitable in future?
3. Can we cope with the consequences of not doing it?
4. Does it fit with our Strategy?
5. Are there other services that will be affected?
6. Do we have the skills to deliver this?
7. Do we have the resource (clinical, managerial, capital) to deliver this?
8. Risk assessment – is this high or low risk?

### 8.3 Service line diagnostic approach

The Trust has 69 service lines against which it reports on a monthly basis. The service line diagnostic is the Trust's ongoing approach to developing these service lines and taking action to address any risks and issues. The approach is integral to our annual business planning cycle.

The diagnostic consists of a broad based analysis of the target service line based on a number of lines of enquiry linked to the principles set out above. It is designed to identify any major risks, issues and opportunities and gather stakeholder input on these might be addressed.

The outcome of a service line diagnostic is a set of recommendations on how any significant risks, issues and opportunities in relation to the service might be addressed, plus a recommended option. This could range from:

- Taking specific remedial actions – either within the organisation (for example improve resource utilisation and /or cost control); or outside the organisation (ensure the Trust is being fully remunerated for the activity it is providing).
- Recommendations on growth opportunities (for example, through integration with WMUH).
- Alternative clinical pathways, which would then need to be explored in detail with clinicians (for example, referrals, discharge planning, coding)
- Recommendation to exit all or part of a service (e.g. a particular procedure or treatment setting).

## 8.4 What needs to be in place?

The major enablers and supporting changes needed to deliver the Clinical Services Strategy are summarised below.

**Table 1: What needs to be in place? Summary of key enablers**

<b>Workforce &amp; Organisation Development</b>	<ul style="list-style-type: none"> <li>• Delivery of 7-day urgent care will include all staff groups including management, non-clinical support staff, ESPs, CNSs, and AHPs and some may require additional investment</li> <li>• Up-scaled support workforce to meet demand, for example in diagnostics</li> <li>• Investment in multi-professional training including focus on specific needs (e.g. acute care nurses), and support for voluntarism and engaged communities</li> <li>• Competent, compassionate and capable staff working across multiple settings and working closely with teams in partner organisations</li> <li>• Ensuring staff within the accountable care organisation have a unified set of values and behaviours regardless of role</li> <li>• A culture of excellence and innovation through clinical and non-clinical training and development</li> <li>• Investment in multi-professional training and clinical and non-clinical to support care in different settings</li> <li>• Active training and up-skilling of staff to enable support and delivery of excellent research</li> <li>• Support and promotion of the health and wellbeing of staff.</li> </ul>
<b>Estates</b>	<ul style="list-style-type: none"> <li>• Reduction in hospital beds (but increase in ITU/HDU for sicker patients with greater dependencies) and increase in step down beds off-site</li> <li>• Sufficient capacity for increased diagnostic requirements including diagnostics based at local sites where possible for example pathology</li> <li>• Enlarged emergency department at CWH to support increased volumes of activity</li> <li>• A diversification of our Estates portfolio, with reduced capacity of outpatient clinics in hospital with greater number of outreach clinics at multiple sites outside of hospital</li> <li>• Reduction in inpatient beds and hospital based services, with likelihood that estate will be required on community sites</li> <li>• Continued investment into maternity estate</li> <li>• Continued investment into the Chelsea Children's Hospital: redeveloped NICU to be world-class environment, expanded paediatric surgical recovery area and day surgery ward</li> <li>• Establishing a PICU to support specialist surgery and maintain the Trust's paediatric surgical centre status.</li> </ul>
<b>IM&amp;T</b>	<ul style="list-style-type: none"> <li>• EPR system to support improvements in quality, safety and efficiency of care</li> <li>• IT/information system linkage to enable standardisation and access to a single care record accessible across organisational boundaries, including GPs and care homes, facilitating delivery of accountable care models</li> <li>• Sharing of information across health and social care partners</li> <li>• Development of a research portal that will support and manage all data and expand opportunities for patients to contribute directly to research.</li> </ul>
<b>Partnerships</b>	<ul style="list-style-type: none"> <li>• Close links to community care to provide pull-through of non-acute patients from hospital</li> <li>• Service specific partnerships with local and specialist providers as required to deliver our strategic priorities</li> <li>• Continuing to partner in the Community Independence Service and local partners for 'step up / step down' intermediate care, as a gateway to integrated care and then accountable care models</li> <li>• Developing partnerships with NHS, local authority, third sector and academic partners</li> </ul>

	<p>for accountable care</p> <ul style="list-style-type: none"><li>• Partnering to support our priorities for specialised services, including amongst others:<ul style="list-style-type: none"><li>○ Joint venture with Royal Brompton and Harefield NHS Foundation Trust to deliver PICU and cardiothoracic services</li><li>○ Collaboration with Imperial (ICHT) for fetal medicine services</li></ul></li><li>• International partnerships to enable offering Sexual Health services abroad</li><li>• Developing and strengthening collaborative research partnerships with industry, academia and other NW London providers.</li></ul>
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