

Appendix A

INTEGRATION OF BARNET AND CHASE FARM HOSPITALS

1 Introduction

As members know the former Barnet and Chase Farm Hospitals NHS Trust was statutorily brought into the Royal Free on 1 July of this year. Whilst that process took exactly two years, all involved knew from the start that it would prove to be the easiest stage; far harder would be the tasks of returning local services to achieving national standards (of which more below) and of achieving financial stability for those local hospitals for the first time in recent memory. Together with our partners we have now started on those tasks.

This note offers a short summary of progress to date, although members will appreciate that we have not (at the time of writing) yet reached our first 100 days of the enlarged organisation.

2 Working with partners

One of the most important determinants of success for the acquisition is the extent to which working relationships with partners can be improved, and in particular how well partners work together on commonly agreed priorities. Alone the Royal Free cannot achieve sustainable improvement. The current NHS has a complex structure, there being two separate types of commissioners of our services (clinical commissioning groups and NHS England), and commissioners and trusts have different regulators; added to that, our local hospitals provide services for people living both in north London and southern Hertfordshire, and those areas come under different parts of the NHS. The Royal Free has therefore brought all those parties together, something that had never happened before, to agree how to work together most effectively and to support one another's priorities for the period ahead. In fact there is remarkably good strategic alignment between the Royal Free and its commissioners, mainly due to agreement on the Barnet Enfield and Haringey clinical strategy and on the development of integrated care for common conditions. We see this system level collaboration as continuing for the long term.

Working with local authorities is being strengthened too. The Royal Free appreciates being involved in the health and wellbeing boards of LB Barnet (as an attendee), of LB Enfield (as a non voting member) and of Hertfordshire CC (as an attendee); and, together with local authorities and other partners in north London and Hertfordshire, we are full members of the newly established system resilience groups which plan for the sustainability across

health economies of both elective care (especially waiting lists) and emergency care (especially accident and emergency services).

3 Practical priorities

We identified four major practical priorities that need our concentrated attention during the first period of the expanded Royal Free. These are as follows.

3.1 Waiting lists

As members know the former Barnet and Chase Farm trust's waiting list statistics had become confused in a way that affects patients and how long they waited. Additional operating lists, including at weekends both at Chase Farm Hospital and the Royal Free Hospital, are now being provided, and extra patients continue to be treated in other convenient hospitals that have capacity.

Meanwhile the long and complex process of correcting thousands of waiting list records is proceeding well and to plan, which means that the accuracy of the waiting list is improving every day. However we cannot yet say when this validation process (which will enable the Barnet and Chase Farm figures to be reported accurately once again) will be complete; and only after that will we be able to give an expected date by when at trust level we will reach the national standards, which are:

90% of admitted patients should have been treated within 18 weeks of referral;
95% of out-patients should have been treated within 18 weeks of referral; and
92% of patients still waiting should have been waiting within 18 weeks.

3.2 Emergency flows

As members know Barnet Hospital is a very busy emergency and maternity hospital, and that has meant that admitting significant numbers of elective patients from the waiting list has often not been possible. We do not envisage the demand for emergency services at Barnet Hospital reducing, and in fact if anything, despite various system level measures to abate demand, it may well increase due to demographic change (including both the increasing local population, and the changing structure of the population) and to other changes around us (for example the closure of the accident and emergency department and emergency admission service at the Queen Elizabeth II Hospital in Welwyn Garden City). The number of emergency ambulances arriving at Barnet Hospital has exceeded 90 per day (the expected maximum for a hospital of its size) on an increasing number of occasions, including on eight days in September 2014. To help manage this demand over the winter ahead, and so as to help reduce long waits for elective care, we are increasing the number of elective patients at Chase Farm Hospital (as per the paragraph above) where there is capacity, but this is an area where effective collaboration with our partners on prevention of emergency admission and on timely discharge is, though complex to achieve, enormously important.

From 1 July to 30 September Barnet Hospital alone very nearly achieved the 95% standard for the proportion of patients waiting four hours or less from arrival to admission, transfer

or discharge (the precise figure was 94.9%), but the target was met for Barnet and Chase Farm Hospitals taken together. The target was achieved at the Royal Free overall too.

3.3 Developing the Chase Farm Hospital site

Improving this hospital was an inherent part of the Royal Free's plan for the acquisition. Plans for the new hospital are developing, and a business case is being compiled. This is important for Barnet people as many, especially across the northern half of the borough, make use of Chase Farm.

3.4 Developing a new culture

Just as working with external partners is essential, so is getting the culture right across the expanded trust. Introducing, and developing, clinical leadership across all clinical services is a fundamental part of our approach, and this has been in place from the start. The Royal Free's world class care values (positively welcoming, actively respectful, clearly communicating, visibly reassuring) apply across the whole organisation. Communications with all staff is of course a very high priority since we want to increase staff engagement in all that we do. As well as the usual published and electronic means, the chief executive makes presentations to staff at each main hospital site every month.

3.5 Continuing priorities

Whilst those four are the most complex areas that need change, we will not neglect other priorities. One of those priorities is reducing hospital acquired infection. The former Barnet and Chase Farm trust reported higher than average numbers of such infections last year, but the numbers at those hospitals have lately been lower. Table 1 shows the figures for *Clostridium difficile*, including for the Royal Free Hospital.

Table 1 – Cases of attributed *Clostridium difficile*

hospitals	Jan-Mar 14	Apr-Jun 14	Jul-Aug 14*
Barnet and Chase Farm	17	12	4
Royal Free	5	5	5
whole trust			9

*Note that this is for two months only, the September figures not being available at the time of writing.

1 October 2014