

# Acquisition of Princess Royal University Hospital by King's College Hospital NHS Foundation Trust

## Update Briefing to the Southwark Health and Adult Social Care Scrutiny Sub-Committee

### 1. Background

1.1 In 2012, due to the South London Healthcare Trust's (SLHT) deteriorating financial performance and quality issues, the Secretary of State for Health instructed the Trust Special Administrator (TSA) to review and put forward proposals regarding the future of the failing Trust. As part of this process the proposals went out to public consultation. The TSA's overall recommendation was to dissolve SLHT, a component of which was that King's College Hospital acquire the Princess Royal University Hospital (PRUH).

1.2 In January 2013 King's College Hospital submitted an outline business case to the Secretary of State, and in February he approved the recommendation that King's acquire the PRUH.

1.3 King's full business case (FBC) has now been submitted to Monitor, the Foundation Trust regulator who will rigorously scrutinise the plan and the opinions of NHS partners. The FBC has also been sent to local commissioners.

### 2. The vision

2.1 'King's will become *one hospital across multiple sites*, with a single ethos and uniformly high quality of service which permeates all activities. All sites will develop clear areas of expertise.

2.2 Our key principles will be:

- One hospital, multiple sites
- High quality
- Maintain essential local health services
- Greater concentration of services to improve quality and efficiency

### 3. Summary of King's acquisition plans

- All services, assets and staff from the PRUH will transfer to King's
- Orpington Hospital will be run by King's on an interim basis and this will be reviewed after three years
- SLHT's services and space on the Beckenham Beacon site will transfer to King's
- Ophthalmology and Dental Services and Maternity at Queen Mary's Hospital will stay on site under a lease arrangement with Oxleas Trust.

- King’s plans to take over accountability for the PRUH and Orpington on 1 October 2013

#### 4. Benefits of the PRUH acquisition

##### 4.1 Overall benefits

4.1.1 The acquisition will benefit patients, staff and the local health economy. The overall benefits fall into three key areas, quality, financial stability and achieving positive change in the healthcare system.

- **Quality:** Patients in Bromley and Kent will benefit from the development of specialist services. King’s patients will benefit from some activity being moved from the Denmark Hill site which will reduce waiting times.
- **Supporting financial sustainability:** The PRUH will provide additional capacity and also the opportunity to restructure services which will assist in dealing with future financial challenges. King’s will also put in place more rigorous performance management at the PRUH
- **Leading change:** The acquisition supports King’s Health Partners’ aim to lead positive change across the healthcare system by using the wider geographical area to extend its specialist networks of care.

#### 5. Planned Service Delivery Summary

<b>SERVICE DELIVERY</b>	
<b>Denmark Hill</b> High quality and efficient local acute services  Expansion of world recognised specialist services  A hospital for the seriously ill and a centre for specialist care	<b>PRUH</b> High quality and efficient local acute services  Specialist services in selected clinical areas  A focus on patients who do not need complex, specialist care
Focus on quality and systems that make the two hospitals into one	
<b>Research and education</b> Expansion of King’s Health Partners* vision for on-going education and development  Growth in different areas of research allowing for more innovation	
<b>Staff</b>	

High performing, highly skilled, staff sharing vision and values

Clinical managers working across two sites

**Service innovation**

Physical and mental health

Integrated care programme

## 6. Benefits to standards of care

- Improved leadership and governance will improve standards of care at the PRUH;
- Waiting times at Denmark Hill will improve as care will be shared over other sites;
- Strong clinical management will improve efficiency at the PRUH;
- Specialist services such as Ophthalmology will be expanded ;
- Physical and mental health will be more joined-up;
- Wider opportunities for patients to be involved in new research and clinical trials;
- Opportunities for PRUH staff to access more education, training and development opportunities, and

## 7. Orpington Hospital

7.1 The TSA proposal for Orpington Hospital originally recommended that King's take over for a period of 12 months, but this has now been extended to three years, after which ongoing use will be discussed with Bromley Clinical Commissioning Group (CCG).

7.2 King's proposals for Orpington Hospital include:

- 2<sup>nd</sup> floor – Creation of a specialist orthopaedic centre for elective care (non-emergency) on the second floor to accommodate:
  - All elective inpatient activity currently undertaken by the PRUH consultants at the PRUH and Queen Mary Hospital
  - Some of King's elective inpatient activity
- 1<sup>st</sup> floor - Creation of a step-down facility for neuro patients who still need ongoing specialist care
- Ground floor - Potential to provide additional services such as: out-patients, day treatment, medical records store and office space

7.3 The creation of an elective orthopaedic centre at Orpington Hospital will enable the Trust to reduce waiting times for elective treatment at both PRUH and Denmark Hill. All King's orthopaedic patients will have the choice as to where they receive their care, the Denmark Hill site or Orpington.

## **8. Timescales**

8.1 There are still several approval processes to go through over the coming weeks, however, if these go smoothly then we expect a transfer date of 30 September 2013 and for the PRUH to be run by King's from 2 October 2013.

8.2 Plans for day one are that services and clinics on both sites will be delivered as usual. The longer term planning for the addition of more specialist services on the PRUH site is ongoing with key stakeholders and we will of course keep the HOSC updated and engaged in this planning process.

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