

Appendix N

The future of Queen Mary's Hospital



**Securing
sustainable
NHS services**

1. Introduction

1. This appendix to the final report of the Trust Special Administrator (TSA) appointed to South London Healthcare NHS Trust relates particularly to chapters 4 and 6 of the report. It provides background on Queen Mary's Hospital including a historical context to the work that has been undertaken by the TSA, an assessment of its current position, the vision for its future and how that vision can be realised through the TSA's recommendations and their implementation.
2. Queen Mary's Hospital has had long-standing financial challenges, with deficits reported at the site since 2004/05. Despite efforts being made to address these challenges, including the commissioner-led strategy *A Picture of Health* (APOH) in 2008 and the establishment of South London Healthcare NHS Trust in 2009, the hospital has continued to operate at a loss. The combination of financial difficulties and service uncertainty has also led to issues with the quality and safety of patient care. In late 2010, inpatient emergency care and the obstetric-led delivery service were temporarily closed following an independent review which concluded "*The review team recommends to the Trust the need to consider Option 2* [planned temporary closure of Queen Mary's Hospital A&E and maternity services (pending review of the APOH decision)], and implement a temporary closure of A&E, acute medicine and maternity services on the QMS site."¹
3. The Joint Committee of South East London Primary Care Trusts (PCTs) had decided in July 2008, following a three-month consultation on the *A Picture of Health* proposals,² that Queen Mary's Hospital should become a 'borough hospital' providing 24/7 urgent care services and be developed as a centre for planned surgical care for outer south east London. However, this decision was not popular with local people and their political representatives and was formally challenged by local overview and scrutiny committees, which resulted in the first of two separate reviews, both of which delayed implementation. The second of these reviews concluded in December 2010 and supported implementation. Consequently, the temporary closure of inpatient emergency care and the obstetric-led delivery unit became permanent.
4. Since then Bexley Clinical Commissioning Group (CCG), South East London PCT Cluster and the London Borough of Bexley have been working jointly to set out the vision and supporting commissioning intentions for a 'Bexley health campus' at the site of Queen Mary's Hospital. This work was still in progress on 16 July 2012 when the Regime for Unsustainable Providers was enacted at South London Healthcare NHS Trust. Since this date, the TSA and his team have worked to understand the commissioning intent of local commissioners and the local authority in order to secure a clinically and financially viable future for Queen Mary's Hospital.

1 Risk review of maintaining safe services to patients at South London Healthcare Trust Report: through winter period 2010–2011 (September 2010)

2 A picture of health for Bexley, Bromley, Greenwich and Lewisham (January 2008)

Background

5. Queen Mary's Hospital is one of three hospitals that form South London Healthcare NHS Trust, along with Queen Elizabeth Hospital in Woolwich and Princess Royal University Hospital in Farnborough. Queen Mary's Hospital is located in the London Borough of Bexley and although it is run by South London Healthcare NHS Trust it provides services from a range of other providers, including Oxleas NHS Foundation Trust (which also owns a building on the site) and Guy's and St Thomas' NHS Foundation Trust which provides a satellite renal dialysis unit.
6. A wide range of services are currently provided at Queen Mary's Hospital by a number of NHS organisations. The urgent care centre and GP out-of-hours service treat over 40,000 patients each year, with a further 8,000 children treated in the co-located assessment service. Mothers receive ante-natal and post-natal care at the hospital, and over 170,000 people are seen in outpatient clinics with 12,000 people undergoing a day-case procedure and a further 2,000 people having surgery that needs an inpatient stay at the hospital. In addition to this, 9,000 people receive rehabilitation or intermediate care and there is a range of mental health inpatient and outpatient services at the hospital. Local GPs are also able to refer patients for X-rays, endoscopies and other diagnostic tests to help diagnose and treat people they are looking after.

Historical context

7. Queen Mary's Hospital has had an uncertain future since the onset of financial deficits in 2004/05 and the initiation of discussions in south east London regarding the sustainability of hospitals in the health economy. This has led to a considerable period of flux and resulted in a lack of clarity for staff, patients and the public on the future of the hospital and the services it will provide.
8. In December 2005, commissioners began developing proposals for the future of services across south east London by establishing a programme known as *A Picture of Health*. In July 2008, following consultation, commissioners agreed a set of service reconfigurations for the hospitals in outer south east London that would see Queen Mary's Hospital become a 'borough hospital' providing the services outlined in figure 1.

Figure 1: Proposed services to be provided at Queen Mary's Hospital at initial A Picture of Health decision, July 2008³

QMS – Borough Hospital

Urgent Care Centre

Level 2 critical care

Medical Assessment Service

Community midwifery, providing ante/post natal care and home births

Paediatric Ambulatory Care (PAC)

Some routine paediatric surgery

Inpatient planned surgery (transferred from Orpington)

Day-case surgery

Outpatients and diagnostics

Intermediate care and rehabilitation

Community and primary healthcare services, including diabeters and cardiology

Developed QMS campus, including tertiary outreach outpatients, satellite renal dialysis, outreach cancer, cardiology and neurology, and mental health services

9. In August 2008, Bexley Overview and Scrutiny Committee referred the decision of the local commissioners to the Secretary of State for Health. In November 2008, there was a similar referral from the Joint Overview and Scrutiny Committee (which included councillors from the London Boroughs of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark, and Kent County). As a result of these referrals, the then Secretary of State, Alan Johnson, asked the Independent Reconfiguration Panel (IRP) to review the proposals. This review concluded in March 2009, with 19 recommendations being made.⁴ The review endorsed the key service change proposals of the commissioners and recommended some important areas for further work. Recommendations included:
- Concentrate emergency services on three sites and close the emergency care services at Queen Mary's Hospital.
 - Provide a 24-hour urgent care centre at Queen Mary's Hospital, integrated with a medical assessment service.
 - Concentrate planned surgery on the Queen Mary's Hospital (and University Hospital Lewisham) sites and continue adult day-case surgery at Queen Mary's Hospital.
 - Relocate planned surgery from Orpington Hospital to Queen Mary's Hospital.
 - Retain the midwifery-led birthing unit at Queen Mary's Hospital as a stand-alone unit.
 - Concentrate paediatric inpatient services on three sites and close all paediatric inpatient beds at Queen Mary's Hospital. Consideration should be given to the continuing day-case cancer care for children and young people at Queen Mary's Hospital.
 - Further examination should be given to the suitability for non-complex paediatric surgery at Queen Mary's Hospital (and Princess Royal, Queen Elizabeth and University Lewisham hospitals).

³ Source: Figure 2. 3, Queen Mary's Hospital Strategic Outline Case (October 2011)

⁴ Independent Reconfiguration Panel (31 March 2009) *Advice on proposals for changes to the distribution of services between Bromley hospitals, Queen Elizabeth Hospital Greenwich, Queen Mary's Hospital Sidcup and University Hospital Lewisham and the associated development of community services*. <http://www.irpanel.org.uk/lib/doc/000%20sel%20report%20final%2031.03.09%20doc.pdf>

10. However, the report also highlighted misgivings about the financial viability of the proposals, fearing that all the financial benefits would not be realised. In May 2009, the Secretary of State confirmed he was satisfied that the proposals were in the best interests of the local health service and service users and expressed full support for the IRP's recommendations.
11. However, in May 2010, plans to implement these proposals were halted again when the new Secretary of State, Andrew Lansley, introduced the 'four tests' against which all healthcare service reconfiguration schemes would need to be assessed.⁵ To undertake the local assessment of whether the proposals met the tests, a local clinical cabinet was established with GP representatives from Bexley, Bromley and Greenwich. In October 2010, the cabinet unanimously judged that all four tests were met, and also that it was not clinically safe to have a midwife-led unit at the hospital.
12. Arguably as a consequence of delayed implementation of *A Picture of Health* and extended uncertainty – making it difficult to retain and employ staff – in July 2010 concerns were raised about the quality of some of the care being provided at South London Healthcare NHS Trust and the capacity to continue providing safe services for patients throughout the winter period. Specifically, the Trust Board expressed concern regarding the safe and sustainable provision of A&E, acute and emergency medicine, maternity services and acute paediatrics across the three main hospitals during winter, which was likely to be further exacerbated by difficulties in maintaining staffing levels.⁶
13. Following an independent risk review commissioned by NHS London and a clinical risk assessment by local commissioners, it was recommended that the South London Healthcare NHS Trust Board should consider a planned temporary closure of A&E and maternity services on the Queen Mary's Hospital site, pending completion of the review of the *A Picture of Health* decision.^{7,8} Following discussions and an agreement with NHS London and the Department of Health, the A&E and maternity services at the hospital were temporarily closed on 24 November and 14 December 2010 respectively.
14. Concurrently, on 14 December 2010, NHS London approved the local clinical cabinet's recommendation that *A Picture of Health* met the four tests, making the temporary closure permanent.⁹ It was also agreed that the local NHS should lead on developing plans for the future of Queen Mary's Hospital so that it remains "*a viable health campus from where services tailored to the needs of the local population are provided*".¹⁰
15. Bexley CCG and London Borough of Bexley began developing their joint vision for the site in early 2011 and produced an outline proposal report in March 2011, followed by a strategic outline case for a health and wellbeing campus on the Queen Mary's Hospital site in late 2011. Subsequent to this, further work has been done on the vision within the context of a transformation and recovery programme for Bexley CCG.

5 Revision to the Operating Framework for the NHS in England 2010/11

6 15 July 2010 Correspondence to Trish Morris-Thompson and Andy Mitchell from Jennie Hall (Director of Nursing, Governance and Patient Experience) and Roger Smith (Medical Director), South London Healthcare NHS Trust

7 29 September 2010 South London Healthcare NHS Trust Board meeting (<http://www.slh.nhs.uk/media/documents/slh-trust-board-papers-2010-09-29.pdf>)

8 4 October 2010 Correspondence from Ruth Carnall (Chief Executive, NHS London) and Simon Robbins (Chief Executive, South East London Sector) to all South East London PCT Chief Executives.

9 14 December 2010, NHS London Board meeting – Agenda item 3. 2, Paper C

10 BBG Clinical Cabinet – Statement of Assessment of the APOH reconfiguration against the four Reconfiguration Tests

16. Through this work it was identified that developing Queen Mary's Hospital to enable it to provide high quality care in line with the commissioners' vision would require significant investment. Given their challenged financial positions, it was felt that neither Bexley CCG nor South London Healthcare NHS Trust were in a position to provide the level of investment that would be required. In early 2012 it was therefore suggested that an alternative solution should be considered and it was proposed that the site be transferred to Oxleas NHS Foundation Trust (Oxleas). Oxleas already provides a range of urgent care, community and mental health services at Queen Mary's Hospital, owns one of the private finance initiative (PFI) buildings on the site (E Block) and has funds available to invest in the estate. All parties agreed that with Oxleas as the owner of the site, plans could move forward more quickly and so were unanimously supportive of this being explored by Oxleas and South London Healthcare NHS Trust. The proposal was further supported at a board-to-board meeting between the two organisations on 27 June 2012, chaired by Ruth Carnall, Chief Executive of NHS London, and supported by South East London PCT Cluster.
17. A memorandum of understanding between the two organisations was then established that recognised a number of key areas to work through within the proposals. A key one of these is the joint project with Guy's and St Thomas' NHS Foundation Trust to procure a third-party-provider satellite radiotherapy facility on the Queen Mary's Hospital site to support local provision of specialist services; and another is the need to continue working with Bexley Local Planning Authority to enable the effective disposal of land declared as surplus to NHS requirements prior to any transfer of the site. A QMS Campus Programme Board was established to be the working group to tackle these issues and mobilise a plan to progress the business case for the transfer of the site.
18. Following his appointment on 16 July 2012, the TSA and his team have worked with the QMS Campus Programme Board to take into account its work while developing recommendations relating to the clinical and financial sustainability of South London Healthcare NHS Trust.

Assessment of Queen Mary's Hospital Sidcup's financial position

19. As set out in chapter 4 of the final report the financial challenge at South London Healthcare NHS Trust precedes the establishment of the Trust. The operating losses at Queen Mary's Hospital date back to 2004/05 when Queen Mary's Sidcup NHS Trust recorded a £3m deficit. By the time South London Healthcare NHS Trust was established on 1 April 2009, £41m of deficits had accumulated. It was hoped that through the implementation of *A Picture of Health* and the establishment of South London Healthcare NHS Trust these challenges would be addressed. However, Queen Mary's Hospital is still operating at a loss, with the site projected to make a deficit of £10.9m in 2012/13.
20. Historic challenges around financial performance have related to non-delivery of cost improvement programmes, an increasingly challenging commissioner environment and an inability to contain expenses within the Trust. To understand the current financial position and the drivers of the deficit better, the TSA completed a full assessment of the financial position of South London Healthcare NHS Trust, which is outlined in chapter 4 of the final report. Specifically at Queen Mary's Hospital site there are significant excess assets with empty and under-utilised buildings, which come with a cost, insufficient operational efficiencies and a lack of realisation of potential merger benefits from the establishment of South London Healthcare NHS Trust.

21. However, these challenges can and should be resolved. Over the last two years, local commissioners have been developing their vision for Queen Mary's Hospital and outlined their intent to continue commissioning services from it as a central part of the provision of local healthcare services in Bexley. Securing the hospital for the future in order to deliver this vision will require the causes of the deficit to be addressed and for all local stakeholders to commit to its prompt development.

The future of Queen Mary's Hospital

Vision for services to be provided from the hospital

22. As outlined above, over the last two years Bexley CCG and London Borough of Bexley have been developing a vision for the future of the hospital. In a letter sent to the TSA on 18 October 2012, they set out their preference for a 'Bexley health campus' to be developed at Queen Mary's Hospital in order to provide the 'hub' of their proposed hub-and-spoke model for community-based care. In their letter they set out their joint vision for the site to include:
- a hub for a whole system 24-hour urgent care service for Bexley and neighbouring areas in conjunction with local 'hot' A&E sites;
 - a site for 'step up / step down' services for Bexley older residents, as part of a community-based health and social care service for older people, situated in proximity to the more significant ageing population in the south of the borough;
 - a centre for specialist and rehabilitation elements of community-based services for local residents suffering from long-term conditions;
 - a centre of a community hub-and-spoke model for specialist developmental services for children, maximising the potential of the recently commissioned children's development centre at Queen Mary's Hospital;
 - a satellite centre for specialist services such as radiotherapy and chemotherapy treatment for common, non-complex cancers, closer to home in line with national strategies; and
 - a site for elective and day-case surgery.
23. This vision aligns with the recently developed Community Based Care strategy, developed by all six CCGs in south east London that sets out aspirations for how primary and community care will be delivered in the future so that the population of south east London receives the best possible care in the community, including their homes, where possible (see appendix O for more detail).
24. Bexley CCG believes that, taking into account the Community Based Care strategy and its Quality, Innovation, Productivity and Prevention (QIPP) plans, its vision will be an affordable model. Within this it has made an assumption that local commissioners and providers will work together to transform the local older people's services to reduce acute admissions by one-third and to redesign outpatient services to reduce volumes by around 6% per annum for three years.¹¹ The long-term success of the hospital will be dependent on the effective delivery of the local Community Based Care strategy, with shifts in activity from acute to community settings being supported by a reduction in the activity taking place in acute hospitals through agreed changes to contracts and the implementation of agreed efficiency programmes.

11 Bexley letter: Future services at Queen Mary's Hospital Sidcup

25. Across the recommendations outlined in the final report, the TSA is supporting the provision of some specialist services at Queen Mary's Hospital. This includes the development of the proposed satellite radiotherapy centre to be provided by Guy's and St Thomas' Hospital NHS Foundation Trust.
26. In line with the wider service changes recommended across south east London, described in chapter 5 of the final report, the TSA recommends that high-volume day-case surgery be provided at Queen Mary's Hospital. However, inpatient elective surgery should not be provided at Queen Mary's Hospital in the future. The TSA has recommended that providers should work in partnership to establish an elective centre for south east London at University Hospital Lewisham. Under these proposals, all patients will continue to have a choice of provider, but the location of surgery will change. Patients who currently have a surgical inpatient procedure at Queen Mary's Hospital but who have their initial outpatient assessment at either Queen Elizabeth Hospital or Princess Royal University Hospital would have their surgery at the proposed elective centre at University Hospital Lewisham. Patients who have their initial assessment at Queen Mary's Hospital would either have their surgery at the proposed elective centre at University Hospital Lewisham or at nearby Darent Valley Hospital, which is part of Dartford and Gravesham NHS Trust.
27. Recommendation 5 (see chapter 5 of the final report) also proposes the development of a mental health inpatient centre of excellence at Queen Mary's Hospital. This proposal supports the local commissioning intent to ensure that, wherever clinically appropriate, healthcare services are delivered in the community rather than through inpatient hospital stays. Moving the Bromley mental health inpatient services from their current location at Princess Royal University Hospital will allow that space to be used for the provision of acute services. It will also enable the development of a centre of excellence that will provide care to patients in both Bromley and Bexley, providing treatment benefits and improved patient experience. Oxleas NHS Foundation Trust already provides mental health services at Queen Mary's Hospital and in 2011 established a dementia centre of excellence on the site that allowed it to develop single-sex wards and provides clinical benefits. Additional benefits that may come from a new centre of excellence include freed-up resources that can be invested in community-based services, providing alternatives to admission. However, this must also be supported by effective mental health liaison services at both the emergency department at Princess Royal University Hospital and at the urgent care centre at Queen Mary's Hospital. This will be a key issue to be addressed during implementation if the recommendations are accepted by the Secretary of State, and must be in place ahead of any changes to the provision of mental health services being enacted.
28. Based on these recommendations, in the future, the services outlined in figure 2 would be provided from Queen Mary's Hospital.

Figure 2: Recommended services to be provided at Queen Mary's Hospital Sidcup

Services to be provided on Queen Mary's Hospital Sidcup in the future, as outlined in CCG commissioning intentions:

24-hour **unscheduled care**, including an urgent care centre and GP out-of-hours services

Older people's services, including 'step up, step down' intermediate care beds

Children's services, including the children's development centre and paediatric ambulatory unit

Specialist services, including:
chemotherapy;
satellite renal dialysis¹²
the proposed radiotherapy unit¹³

Community midwifery services, linked to the hospitals where Bexley patients give birth

Outpatients, including high volume specialties such as:
general medical specialties (such as gastroenterology, cardiology and rheumatology);
general surgery;
gynaecology;
paediatrics;
trauma and orthopaedics.
And some specialty outpatients such as:
ophthalmology;
oral surgery, orthodontics and restorative dentistry;
dermatology

Elective day surgery for high-volume specialties such as:
general surgery;
gynaecology;
trauma and orthopaedics;
endoscopy.
And for some specialty areas:
ophthalmology;
oral surgery, orthodontics, restorative dentistry and maxillo-facial;
dermatology

Diagnostics to support outpatients and day surgery and direct access services, including:
CT;
ultrasound;
X-ray;

Therapies to support outpatients and diagnostics as well as direct access services, these include physiotherapy and occupational therapy¹⁴

Bexley and Bromley inpatient mental health services

12 Note: this is subject to agreeing a financially viable location for future provision at Queen Mary's Hospital.

13 Note: this is subject to future commissioning decisions by specialist commissioners (London Specialised Commissioning Group / NHS Commissioning Board).

14 The future provision of hydrotherapy services at Queen Mary's Hospital should be subject to agreement by commissioners and providers that the service is clinically and financially viable in the long term.

Vision for the hospital estate

29. Developing the site in this way will require investment in the infrastructure of the hospital. However, the services can be consolidated onto the core part of the site to improve its utilisation, and therefore reduce operating costs, and also to ensure focused capital investment. This is critical to the efficient running and therefore the sustainability of the hospital. The core site that should be retained by the NHS is outlined in figure 3. In the future, the majority of community and outpatient services should be provided from B Block; day surgery should be provided from the theatres in A Block, with the exception of ophthalmology which should be provided from F Block once it has been developed appropriately; and mental health services will continue to be provided from E Block and the centre of excellence that will be developed by Oxleas NHS Foundation Trust, which is likely to be over part of A Block. The proposed satellite radiotherapy centre will also be developed next to C Block. Oxleas NHS Foundation Trust is currently in discussions with Guy's and St Thomas' NHS Foundation Trust to establish the future location for the provision of renal dialysis at Queen Mary's Hospital, as the permission for the current location expires in February 2013. All local stakeholders wish this service to continue at the site, if it financially viable to do so.

Figure 3: Map of Queen Mary's Hospital



30. It has previously been established that South London Healthcare NHS Trust does not have the financial capability to invest in Queen Mary's Hospital in the way that is required. Through both the TSA market engagement process and previous work by the QMS Campus Programme Board, Oxleas NHS Foundation Trust has been identified as the preferred organisation to take over the site.

31. Oxleas NHS Foundation Trust has confirmed that in taking over Queen Mary's Hospital it will invest up to £30m to help transform it into a hospital that meets the commissioners' vision. Recognising the total investment required, specifically to deliver the mental health centre of excellence, the TSA also recommends that Oxleas NHS Foundation Trust receives capital funding from the Department of Health on the basis that it produces a business case which demonstrates value for money. Given the proposals outlined in recommendation 5 of the final report and the proposed three-year timetable for the implementation (see chapter 7 of the final report), the TSA is recommending that Oxleas NHS Foundation Trust should proceed with this development at pace – so that patients can be transferred to the new centre in 2015.
32. Delivering these changes to Queen Mary's Hospital will require Oxleas NHS Foundation Trust to work with local partners to ensure that all providers that are commissioned to deliver services from the site have appropriate access, including fair and affordable rent. One example of this will be securing the development of the proposed satellite radiotherapy centre.
33. Oxleas NHS Foundation Trust may, subject to the intention of commissioners, look to consolidate some of its other community and mental health services onto the remaining space at the core of the hospital site in order to maximise the use of the estate and secure its sustainability as a hospital. However, even with this consolidation there will be a number of areas of land that will no longer be required for the provision of healthcare services and should be disposed of.
34. The TSA is recommending that the areas of land that have been identified as surplus should be sold as quickly as possible. These areas, marked on the map in figure 3, include:
 - *Kent Women's Wing* – a memorandum of sale with regard to the disposal of Kent Women's Wing has already been signed and a corresponding planning application is due to be submitted to the council in 2013 to a timescale that would (subject to approvals) enable a sale to be completed by end of May 2013;
 - *Nursery* – a memorandum of sale with regard to the nursery has been signed and the sale is expected to be completed by March 2013; and
 - *rear of site* – an opportunity for the disposal of the remainder of the rear of the site is being pursued.

Future providers of the services at Queen Mary's Hospital

35. As part of the TSA recommendations outlined in the final report, it is proposed that South London Healthcare NHS Trust be dissolved (see chapters 4 and 6 of the final report). In light of this, all of the services currently provided by South London Healthcare NHS Trust will need to be transferred to other organisations. The solution for services at Queen Mary's Hospital is different from the other two transactions proposed in recommendation 6, in that it is not a statutory transfer of the whole hospital and associated services but a transfer of the land and buildings to Oxleas NHS Foundation Trust and, separately, a transfer of the services to a number of providers. The TSA recognises that procurement law and commissioning guidance will apply to the contracts for services at the site. However, it is essential that the safety and quality of services are maintained in a period of transition following the dissolution of South London Healthcare NHS Trust.
36. Following the TSA market engagement process (see chapter 6 of the final report and appendix F) and the subsequent discussions with commissioners at the QMS Programme Board and QMS working group, the TSA is proposing that a range of providers take over the services currently provided by South London Healthcare NHS Trust for an interim period of 22 months starting on 1 June 2013, while commissioners complete a procurement process for these services.
37. An interim period of 22 months is being proposed based on feedback from the TSA consultation and discussions with commissioners and HR, operational and clinical experts. This period would run from 1 June 2013 (the point at which South London Healthcare NHS Trust is recommended to be dissolved) to 31 March 2015. This recommendation is to ensure that the quality and safety of services are maintained during the transitional period while the TSA recommendations are implemented. This will support continuity of care and prevent staff from being distracted by the potential for further employment changes over a short period of time. It will also enable the commissioners to establish themselves in their new arrangements, which will be in place from April 2013 and complete an effective procurement process.
38. The interim providers being proposed are outlined in figure 4. The reasons for the selection of these providers are outlined in appendix F.

Figure 4: Recommended services to be provided at Queen Mary’s Hospital, including proposed interim providers

Services to be provided on Queen Mary’s Hospital Sidcup in the future, as outlined in CCG commissioning intentions:	Future interim provider of these services if South London Healthcare NHS Trust is dissolved:
24-hour unscheduled care , including an urgent care centre and GP out-of-hours services	<i>N/A – currently provided by Oxleas NHS Foundation Trust (daytime) and South East Health Ltd (overnight)</i>
Older people’s services , including ‘step up, step down’ intermediate care beds	<i>N/A – currently provided by Oxleas NHS Foundation Trust</i>
Children’s services , including the children’s development centre and paediatric ambulatory unit	Oxleas NHS Foundation Trust
Specialist services , including: chemotherapy; satellite renal dialysis ¹⁵ The proposed radiotherapy unit ¹⁶	Guy’s and St Thomas’ NHS FT <i>N/A – currently provided by Guy’s and St Thomas’ NHS Foundation Trust</i> <i>N/A</i>
Community midwifery services , linked to the hospitals where Bexley patients give birth	Trusts that deliver a high volume of births for Bexley patients should have space to continue providing a community midwifery service at Queen Mary’s Hospital Sidcup or in the local area
Outpatients , including high volume specialties such as: general medical specialties (such as gastroenterology, cardiology and rheumatology); general surgery; gynaecology; paediatrics; trauma and orthopaedics. And some specialty outpatients such as : ophthalmology; oral surgery, orthodontics and restorative dentistry; dermatology	<i>High-volume specialties:</i> Dartford and Gravesham NHS Trust <i>Specific specialties:</i> King’s College Hospital NHS Foundation Trust
Elective day surgery for high volume specialties such as: general surgery; gynaecology; trauma and orthopaedics; endoscopy And for some specialty areas: ophthalmology; oral surgery, orthodontics, restorative dentistry and maxillo-facial; dermatology	<i>High volume specialties:</i> Dartford and Gravesham NHS Foundation Trust <i>Specialties:</i> King’s College Hospital NHS Foundation Trust
Diagnostics to support outpatients and day surgery and direct access services, including: CT; ultrasound; X-ray;	Dartford and Gravesham NHS Foundation Trust
Therapies to support outpatients and diagnostics as well as direct access services, these include physiotherapy and occupational therapy ¹⁷	Dartford and Gravesham NHS Foundation Trust
Bexley and Bromley inpatient mental health services	<i>N/A – currently provided by Oxleas NHS Foundation Trust</i>

Feedback on the vision

39. The draft report of the TSA outlined proposals for the development of Queen Mary's Hospital as a 'Bexley health campus', the sale of excess land and the interim transfer of some of South London Healthcare NHS Trust services to other providers – specifically for day-case surgery to transfer to Dartford and Gravesham NHS Trust. These proposals were tested through the independent Health and Equalities Impact Assessment and the feedback from the TSA consultation.
40. Through the consultation, the TSA received feedback that developing Queen Mary's Hospital as the 'hub' for local healthcare services may not match local need, much of which is in the north of the borough. However, the independent Health and Equalities Impact Assessment (HEIA) identified that two of the Lower Super Output Areas directly opposite Queen Mary's Hospital are in the top quintile of economic and social deprivation. The HEIA also identified that the development of the 'health campus' is likely to have a position impact on the integration of local services, with the potential to improve pathway integration.
41. The TSA consultation produced varying levels of support for the development of the 'health campus'. The public responses to the consultation were not as supportive of the proposals as was expected. However, the independent assessment of the consultation responses has indicated that this is likely in part to stem from uncertainty around what a 'health campus' is and concern that it could lead to the privatisation of the site and its services. In comparison with this, many of the organisational responses to the proposals were supportive, both of the development of the hospital and for the land to be transferred to Oxleas NHS Foundation Trust, recognising that it will invest in its future. As a result of this feedback, the TSA is recommending that the name Queen Mary's Hospital be maintained rather than change it to the Bexley Health Campus. In addition, there were concerns raised during consultation meetings that the maternity and emergency care changes that had previously been implemented were not being reversed. The clinical advisory group did discuss all options for these services during its work and decided that reversing decisions that had delivered improved clinical outcomes would not be supported. This position was endorsed by the TSA advisory group and the external clinical panel. To mitigate these concerns, issues of maintaining the urgent care service and ante- and post-natal service at Queen Mary's Hospital and access to and capacity at the remaining emergency-admitting sites have been addressed elsewhere in this report.
42. The TSA has recognised the feedback from the consultation that has suggested that the proposed new organisation which would bring Lewisham Healthcare NHS Trust together with Queen Elizabeth Hospital should be considered for the interim provision of services. Given the challenges of effectively creating this new organisation and ensuring the integration of services within it, there is significant risk associated with requiring it also to transform services at Queen Mary's Hospital. However, this does not preclude this new organisation from bidding for the future provision of services at Queen Mary's Hospital in response to the commissioner-led procurement process. The proposed providers outlined in figure 4 are therefore being recommended.

15 Note: this is subject to agreeing a financially viable location for future provision at Queen Mary's Hospital.

16 Note: this is subject to future commissioning decisions by specialist commissioners (London Specialised Commissioning Group / NHS Commissioning Board).

17 The future provision of hydrotherapy services at Queen Mary's Hospital should be subject to agreement by commissioners and providers that the service is clinically and financially viable in the long term

Transitioning to new arrangements

43. A significant amount of work is required to deliver the recommended future for Queen Mary's Hospital, including the transfer of land to Oxleas NHS Foundation Trust, the transfer of services and staff to various providers, and the transition to the new service model outlined in figure 4. To ensure that the site is viable in the future, the operational efficiencies related to Queen Mary's Hospital outlined in recommendation 1 of the final report and appendix D must also be delivered.
44. The foundations on which the TSA's proposals relating to Queen Mary's Hospital have been built were developed by the locally established QMS Programme Board. However, the pace at which work has progressed will need to be increased in order to deliver to the recommended timetable. The transfer of land, services and staff should happen by 1 June 2013 and the core vision for the site should be fully implemented by June 2015. By this date, the site should be generating a surplus. However, financial support will be required to cover operating deficits until this point as well as a number of non-recurrent financial costs associated with implementing the recommendations (see chapter 7 of the final report).
45. To ensure that this financial support delivers the intended benefits, strong leadership will be required to oversee transition and implementation and to make sure that the quality of care is maintained during a period of change and beyond. This leadership should come from the QMS Programme Board (described in the next section), as well as the individual organisations involved.
46. Resolving the causes of the deficit will be essential to securing the future viability of Queen Mary's Hospital. Work is required to support the transfer of land and the proposed disposals by June 2013. A plan for this has already been developed by South London Healthcare NHS Trust and should be implemented as quickly as possible. A set of cost improvement programmes for the hospital and the services it currently provides have been identified through the work of the TSA (see appendix D) and should be implemented by the appropriate providers. Some of these programmes will require Oxleas NHS Foundation Trust to make operational improvements related to the estate and the services it is taking over, whereas others will fall to either Dartford and Gravesham NHS Trust or King's College Hospital NHS Foundation Trust.
47. The decision to implement the TSA's recommendation of transferring the land at Queen Mary's Hospital to Oxleas NHS Foundation Trust is for the Secretary of State. However, the TSA recognises that Oxleas NHS Foundation Trust must also obtain the relevant internal approvals for any decision to acquire the land and must comply with Monitor's guidance in respect of such an acquisition. The TSA has been informed (by Oxleas NHS Foundation Trust) that this transfer will be a 'material' transaction for the purposes of the reporting thresholds in Monitor's Compliance Framework 2012/13. This will mean that the review process will still require Oxleas NHS Foundation Trust to develop a full business case that outlines the benefits and risks of the proposed transfer. Oxleas NHS Foundation Trust recognises that any decision to transfer will be subject to a decision by the Secretary of State, but, in order to ensure that Oxleas NHS Foundation Trust is able to review and approve the transfer within the relevant timescales, has begun developing its business case and is putting in place its proposals in respect of the capacity required to support the process to the proposed June 2013 transfer date.
48. In addition to the transfer of land, significant work will be required to support the transfer

of services to new providers. Much of the work needed to do this will be similar to the work required to support the proposed statutory transfers of the other South London Healthcare NHS Trust hospitals. This will include the transfer of staff and contracts, establishing integrated IT systems and ensuring that support services are in place.

49. There will need to be significant oversight of Queen Mary's Hospital during the transitional period to ensure that the quality of care is not adversely impacted – including during any building works required to develop the site. Commissioners will continue to be accountable for ensuring that there is sufficient monitoring and assurance of quality, safety and multi-agency safeguarding procedures that will be active on the site.

Managing the transition

50. To support the implementation of the proposed changes across all of the organisations involved and to support the maintenance of clinical quality and safety, the partners involved in the QMS Programme Board have agreed to establish and fund a small programme management team, including a dedicated Programme Director. This team will work with the partners involved in the transition to monitor and assure the implementation of the recommendations, facilitate discussions to overcome challenges to progress, and hold partners to account for delivery. This team will also feed into the wider transition and implementation programme approach proposed in chapter 8 of the final report and appendix Q.
51. The proposed team will work to the QMS Programme Board, which will continue to provide direction and oversight to the development and delivery of the Queen Mary's Hospital vision. This will allow developments to be locally led, influenced and owned as well as provide some continuation and stability regarding the work that was undertaken prior to the TSA's appointment. In addition to the Programme Director, the Programme Board will be supported by a QMS working group that will bring together the leads for each of the core elements of the programme. Following a workshop on 18 December 2012, an initial structure for the programme has been proposed with four core workstreams and a direct link into the wider South London Healthcare NHS Trust Transition Group that will be responsible for the activities related to the proposed dissolution of South London Healthcare NHS Trust. The four proposed workstreams are:
 - programme management and cross-system co-ordination, led by the Programme Director ;
 - commissioning and procurement to, led by commissioners;
 - development and delivery of the service portfolio, led by current and future Queen Mary's Hospital service providers; and
 - site transfer, ownership and development, led by the TSA and Oxleas NHS Foundation Trust.
52. An initial roadmap for what is required within each of these workstreams and an initial risk register for delivery have been developed and will be further progressed by the Programme Director once appointed in early 2013.

Conclusion

53. The future of Queen Mary's Hospital, and the services it provides, has been subject to uncertainty since 2004/05. This has had a consequential impact on the effectiveness of services at the site and on the quality of relationships between key partners, and has led to reduced public confidence in the ability of the local NHS to deliver improvements. The TSA's recommendations provide an opportunity to take positive steps to resolve the uncertainty and secure the future of the hospital.
54. To be successful, the recommendations need to be delivered at pace and with a strong and co-ordinated approach from local leaders. This will lead to visible improvements at the hospital and should renew public confidence in local services.

