NHS
Brent
Clinical Commissioning Group

Brent overview and scrutiny committee meeting – 6 August 2014

Closure of Central Middlesex Hospital Accident and Emergency Unit

Date: 28 July, 2014

1. **Purpose**

1.1 Brent CCG has ambitious plans to transform the way care is provided in Brent so that the patient receives the best possible treatment through high quality integrated care.

1.2 The purpose of this paper is to update the Overview and Scrutiny Committee on Brent CCG's assurance process for the closure of the A&E unit at Central Middlesex Hospital. The full set of papers considered by the Brent CCG Governing Body is at http://www.brentccg.nhs.uk/en/publications/governing-body-meeting-papers/cat_view/1-publications/3-governing-body-meeting-papers/262-23-july-2014. *The paper should be read in conjunction with the separate report on the three major transformation programmes being pursued in Brent and involving local authorities and patients as partners.*

2 Recommendation

2.1. To read the paper and ask any questions to representatives of the CCG and NWLHT at the committee meeting on 6 August. There will be a presentation of this paper by the CCG at the meeting.

3 Introduction to Brent Clinical Commissioning Group

3.1 Brent Clinical Commissioning Group (Brent CCG) is a GP member practice organisation made up of all 67 GP practices in the borough that decides and buys the health services that are needed for people in Brent.

3.2 Many of the GPs in Brent CCG have lived and worked in Brent for over 20 years, and so have a long commitment to helping the community and the people who live here. We have a clear vision of delivering better care, closer to people's homes in Brent, and we are working in partnership with our patients, communities, members and partners to deliver this. For commissioning, our GP member practices work together in five geographical areas across the borough - Harness, Kilburn, Kingsbury, Wembley and Willesden.

3.5 We have ambitious plans to improve primary care, patient access to services, help people to manage their long term conditions and keep healthy through better lifestyle choices.

3.6 Managing and treating patients in primary and community care means fewer unnecessary admissions to hospital, so hospitals can concentrate on patients who are critically ill and those who require specialist care.

3.7 Brent CCG is committed to giving patients and services users the opportunity to be fully involved in the decisions we take, so that the idea of 'no decision about me, without me' becomes the way we work.

3.8 The work of NHS Brent Clinical Commissioning Group is overseen by our Governing Body which includes three lay members, a nurse and specialist clinician from outside of the area, a Chief Officer, and a Chief Financial Officer. Brent CCG works in a Federation with Harrow and Hillingdon CCGs sharing senior officers and work in collaboration with all 8 CCGs in NW London.

3.9 The Northwick Park Hospital and Central Middlesex Hospital are the two acute hospitals which are run by NHS North West London Hospitals Trust. Brent patients use these hospitals the most, followed by St Mary's, Hammersmith and the Royal Free Hospital. Community services are largely provided by the Brent Community Services that form part of Ealing Integrated Care Organisation managed by NHS Ealing Hospital Trust. NWLHT and Ealing Hospital Trust are expected to merge as a single trust from October 2014. Mental health services for the borough are commissioned from Central and North West London NHS Foundation Trust.

4 Brent CCG's assurance process for the closure of Central Middlesex Hospital A&E unit

4.1 Background and Context

4.1.1 The strategy for modernising and improving healthcare in North West London (NW London) described in *Shaping a healthier future* (SaHF) includes changes to the way healthcare services are delivered to improve the quality of care and outcomes for patients across North West London. This strategy includes consolidating A&E services across NW London onto fewer sites, as a result of which the A&E department at Central Middlesex Hospital (CMH) will close and CMH will become an elective and local hospital. An outline business case is being developed for the local and elective hospital at CMH, with the current 24/7 Urgent Care Centre (UCC) being retained on site and delivering to an enhanced specification as it will now be standalone.

4.1.2 Following a full public consultation the SaHF recommendations were agreed by the Joint Committee of Primary Care Trusts (JCPCT) in February 2013. This decision was challenged by Ealing OSC and an Independent Reconfiguration Panel (IRP) was set up to review the recommendations. The Secretary of State for Health (SoS) announced his decision on 30 October 2013 and, on the advice of the IRP, supported the recommendations in full and determined that Central Middlesex Hospital (CMH) and Hammersmith Hospital (HH) Accident and Emergency (A&E) departments should close "as soon as practicable". Commissioners, providers and clinicians are now working to ensure that these changes are implemented.

4.1.3 There were a number of risks in keeping the CMH A&E department open which on balance, created an imperative to close the unit in line with the Secretary of State's requirements:

- Currently the department is not consultant led and the staff are predominantly locums and doctors that are not on the London Deanery training programmes. The service is staffed currently to safe levels but the reliance on locums mean that this is not a safe way to manage the service in an ongoing way
- NWLHT has highlighted that it is unable to staff the Emergency Unit with the appropriate grade of medical staff as they do not have the appropriate doctors to oversee and supervise the work.
- Unplanned closure is a likely possibility on clinical safety grounds as the workforce is now preparing for change
- Not implementing the CMH A&E closure is very likely to lead to system wide deterioration of performance, particularly over the winter months

4.1.4 The dependencies between the emergency service transitions at CMH and HH were reviewed by the SaHF Clinical Board and Programme Board. A detailed analysis of attendances and admissions at CMH and HH A&E departments highlighted a wide geographical spread across NW London, with significant overlap in patient populations attending these sites. The Clinical and Programme Boards concluded that, unless it became impractical, both emergency departments should close on the same day. This would avoid patient flows being displaced to 'the other' A&E in the pair (a site also scheduled for imminent closure) and to provide a simpler and safer message for the communications campaign with a single closure date for the public to remember.

4.1.5 North West London Hospitals NHS Trust (NWLHT) Board on 28 May 2014 agreed their readiness for implementation and a planned closure of CMH A&E department on 10 September. On the same day, Imperial College Healthcare NHS Trust (ICHT) Board also confirmed the Trust's readiness and a planned closure date of 10 September 2014 for the EU department at HH.

4.1.6 It was agreed to implement the service changes on this date for the following reasons:

- The decision by the Secretary of State that the Central Middlesex Hospital (CMH) and Hammersmith Hospital (HH) Accident and Emergency (A&E) departments should close "as soon as practicable" was interpreted as before Winter 2014/15
- To allow sufficient time for capacity to be developed at both materially impacted sites
- To achieve as close alignment as possible to Junior Doctor rotations (6 August)
- To avoid periods of summer holiday (i.e. August)
- To implement the changes on a weekday, based on learning from Barnet and Chase Farm (e.g. Wednesday)

4.2 The Assurance Process that was developed and undertaken

4.2.1 The SaHF programme worked with Brent CCG, Hammersmith & Fulham CCG, NHS England, The NHS Trust Development Authority (TDA), NWLHT, Imperial, London Ambulance Service (LAS), Central Middlesex Non-Elective Steering Group, and CMH A&E Closure Project Board, Charing Cross Zone Steering Group and Hammersmith Project Delivery Board to develop a detailed assurance framework which assessed readiness for transition for A&E services at both hospital sites against ten critical areas. Lessons and learning were also taken from other reconfiguration programmes, such as the one recently implemented at Barnet and Chase Farm (also known as the BEH Clinical Strategy).

4.2.2. The assurance providers considered following ten delivery dimensions:

Delivery Dimensions	Sub criteria
1. **Clinical Quality**	Are correct policies and agreed pathways in place for safe transition of services to requisite level of quality?
2. **Operational and Capacity Planning**	Is the capacity available in receiving acute and out of hospital sites with agreed operational policies?
3. **Workforce**	Is a suitably capable workforce in place for a safe transition?
4. **Communications & Engagement**	Has there been sufficient, patient and public engagement and is there a plan for this to continue?
5. **Travel**	Have travel implications as a result of the reconfiguration been identified and addressed?
6. **Equalities**	Have equality implications as a result of the reconfiguration been identified and addressed?
7. **Finance**	Has due consideration been given to activity and financial implications of transition?
8. **EPRR Planning**	Have statutory duties to prepare for responding to major incidents and ensuring continuity of priority services been satisfied?
9. **System Assurance**	Have all affected organisations understood the change and are prepared to manage the

	transition?
10. Risk of non-closure	Have the risks of non-closure been addressed?

4.2.3 Each delivery dimension that was assured consisted of a set of detailed questions designed to test readiness against that dimension including the relevant supporting documentation to demonstrate that each assurance criteria had been satisfied.

4.3 Delivery Dimensions of Assurance:

The assurance provided in each of the delivery dimensions is set out below.

Dimension 1 - Clinical Quality

4.3.1 The guiding principle behind SaHF is to ensure improved care and outcomes for patients. It is therefore essential that the objective of this domain is to ensure safe high quality service provision is maintained throughout and after the transition. This has not only included consideration of the evidence of readiness of the NPH site but also the UCC at CMH, the readiness of the other receiving hospitals as well as LAS.

4.3.2 The reconfiguration component of *Shaping a healthier future* will deliver the centralisation of key acute services onto fewer sites (such as acute emergency care) and people working in new ways, with new models of care. This will mean the system is able to sustainably deliver the necessary workforce to attain the standards with the right level of access to facilities and equipment such as diagnostics.

4.3.3. So whilst London Quality Standards are not currently fully met there are clear plans in place to ensure that there is no deterioration in performance as a result of the CMH A&E planned closure. Furthermore trajectories show improved performance from last year and performance at NPH has improved consistently over the last two years.

4.3.4 A group of clinicians from Brent and Harrow CCG and the Emergency Department (ED) at NPH have met and discussed proposed pathways, staffing and rotas and the expectations of quality of care in great detail. Staff from CMH A&E department will transfer to NPH A&E department and Ambulatory Care Units on closure. This will assist in delivering an improved service with better outcomes for patients as a larger skilled workforce will be consolidated onto one site at NPH, improving staffing levels and as a result performance, to meet the London Quality Standards. These improvements will be enhanced with move to the new ED, currently being built, in the Autumn. The Trust has committed additional medical and nursing staff (over and above those that will transfer) so that there can be better alignment between the peak times of demand and staffing capacity. This will improve all aspects of patient experience and quality as well as operational performance.

4.3.5 The plans being put in place for CMH A&E closure improves staffing and beds capacity to ensure that current standards will be maintained and , in fact, should improve. It also enables new pathways to be developed that will deliver enhanced experience for patients by getting the, to the 'right place, right people and right care' more quickly and more reliably.

4.3.6 The signed contract between Brent CCG as lead commissioner for NWLHT includes quality, performance and clinical governance monitoring of acute services, with contract monitoring, performance and clinical governance meetings to identify and address any areas of concern. There are monthly Clinical Quality Group meetings that report into both commissioner and provider quality and safety committee structures.

The Urgent Care Centre at CMH has been required to deliver the Shaping a Healthier Future specification (as described in the Emergency and Urgent Care Clinical Implementation Group report) and will meet the urgent care standards set out within it. The initial work involved understanding what additional training requirements would be needed for staff in the centre and this localised training will have been delivered prior to the A&E closure.

A joint Hammersmith and Central Middlesex A&E Closure Operations Executive has been established, to monitor the performance, quality and safety of the service during and after the transition period, via a number of specific Key Performance Indicators, to provide assurance that planned service changes can take place.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- London standards for acute medicine and emergency medicine document mapped to new clinical pathways
- NHS England/NHS Trust Development Authority Assurance Report for North West London Hospital Trust
- Education and training report from North West London
- Acute Key Performance Indicator dashboard
- Clinical Quality Dashboard

The Governing Body was assured that the evidence indicates that safe, high quality service provision will be maintained throughout and after the transition. The consolidation of A&E services onto the single site at NPH will improve care and performance.

2 Operational and Capacity Planning

The objective of this domain is to ensure that the system is able to sustain new patient flows.

NWLHT has undertaken modelling which demonstrates that the majority of A&E activity (Non-Urgent Care Centre) transfers from CMH to NPH A&E department. The modelling indicates a small proportion of activity transferring to the Accident and

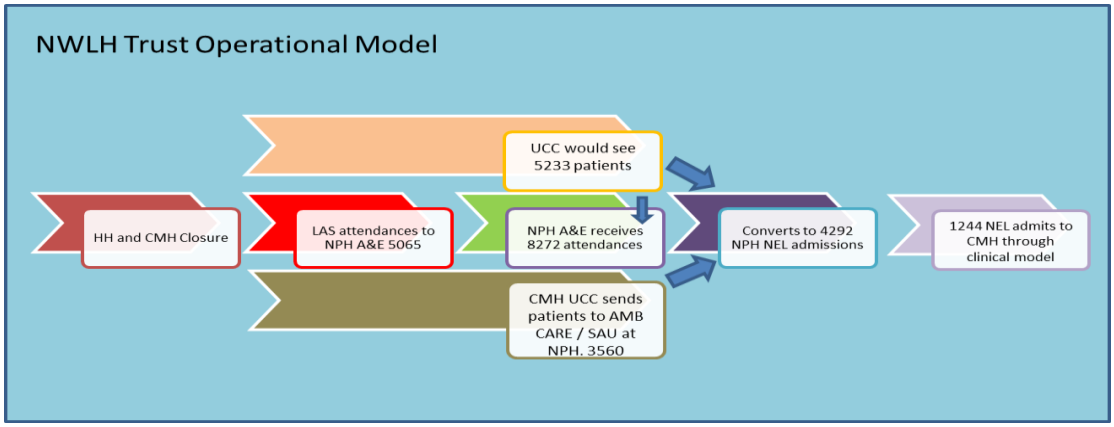
Emergency departments at St Mary's, Ealing and Royal Free. Current UCC activity is assumed to be fully retained at the Central Middlesex Hospital site. Therefore there will not be additional Urgent Care Centre activity transferring from CMH UCC to other sites. To support local planning the programme has carried out activity modelling. The programme modelling indicated that the total activity transfers to St Mary's and Northwick Park is consistent with the Trust modelling assumptions. However, this programme analysis indicated there could be a slightly wider dispersal of Accident and Emergency activity movement (Non-UCC), but not to any level that would materially impact surrounding sites. This programme modelling indicated there could be a small activity transfer to Ealing Hospital Accident and Emergency of no more than 10 Accident and Emergency attendances and three Non-Elective admissions a day in total from both the Central Middlesex Hospital and Hammersmith Hospital sites. This level of redirection is unlikely however and actual numbers should be significantly lower due to the continued existence of an enhanced service specification for the Urgent Care Centres at CMH and HH, and local CCG led mitigations such as the continued development of primary care and admission avoidance services such as STARRS.

Given the underlying assumption and modelling indicate minimal flow to other surrounding Accident and Emergency departments other than Northwick Park (for Central Middlesex Hospital), the impact on the other surrounding Accident and Emergency departments will not be significant enough to impact on their current performance.

On the closure of the CMH A&E and the end of acute admissions to the site an additional ward of 22 beds will be opened at NPH. This will provide more bed capacity than is needed to provide for the CMH transfer and is therefore a net benefit to the NPH bed base thus improving performance. In addition the Trust will be expanding a pre-existing scheme that transfer more complex patients requiring on-going rehabilitation back to Gladstone Wards at CMH. This will also increase the bed capacity at NPH to support the acute care system.

NWLHT Operational Model:

Activity flowing from NPH to CMH after admission for elderly patients post-acute phase of treatment. The effect of this has shown that 1,244 patients could be transferred to CMH each year.



Detailed assurance has also been obtained from LAS on how they plan to address the additional journey times to take some of the patients to hospital. This should not be confused with the delivery of the Cat A and C times for getting to patients, which is the clinically critical issue for patient outcomes. Staffing is a challenge for LAS currently but they are actively engaged in a number of activities which will deliver increased capacity by September and thus support critical delivery. An LAS liaison officer will be in place to work with the acute Trusts and support attendances.

Although the modelling and planning demonstrates that the CMH closure will have a net positive impact on NPH performance it is not sufficient to address the overall underperformance at NPH. Further work is underway linked to the System Resilience, ideas under consideration include:

- Extending the opening hours and scope of ambulatory care
- Enhancing the support from Acute Medicine into the A&E
- Improving 7 day access to diagnostics
- Redesign of staffing rotas
- Commissioning of additional non-acute beds especially for Harrow residents
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The objective is that these measures deliver a 1-2% improvement in overall performance. Detailed action plans will be delivered by end July 2014.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Central Middlesex Hospital and Hammersmith Hospital Activity Overlap Analysis
- North West London-wide Activity and Capacity Report
- North West London Contingency Plan
- North West London Accident and Emergency performance report (2013/2014)
- Barnet Enfield Haringey Lessons Learnt Report
- London Ambulance Service Workshop Report

- Central Middlesex Non-Elective Steering Group Terms of Reference (in Shaping a Healthier Future Programme Project Initiation Document)
- Assurance Report for North West London Hospital Trust
- NWLHT Cost Improvement Plans
- Brent and Harrow CCG QIPP Plans

The Governing Body was assured that following transition; the system will be able to sustain new patient flows.

3 Workforce

The objective of this domain is to ensure that sufficient numbers of staff and grade/skill mix is in place for safe service provision.

Organisations have fully consulted with their staff on the proposed changes and the affect this will have on services and individuals' roles. This includes individual and group meetings and the involvement of staff-side bodies. The models for service delivery have been worked on with staff and plans have been put in place to ensure that there are sufficient staffing levels with the right skills to meet the new service models.

The programme has been working with Health Education North West London to provide support staff in the standalone Urgent Care Centres which will remain at Hammersmith Hospital and Central Middlesex Hospital. Each Urgent Care Centre will receive funds to support the delivery of short courses and individual learning accounts for all staff working at the standalone Urgent Care Centres. The specific workforce requirements are being managed locally by providers as is the education provision.

As is common across the country, recruitment to middle grade and consultant medical staff is challenging and is one of the drivers behind the consolidations of sites outlined in SaHF. However the fact that staff, especially some 20 nursing staff are relocating from CMH A&E to Northwick Park Hospital A&E site following closure of the Emergency Department at CMH. In addition staffing and rotas reviews linked to the opening of the new ED mean that additional funding is in place and recruitment underway for additional nursing and consultant medical staff. This will take time but contingency and locum arrangements mean that the service is safe with enhanced staffing

The Urgent Care Centre provider, has had discussions with their recruitment team and the plan will include a recruitment drive for additional staff resource to be in place well ahead of the planned closure of CMH Emergency Department closure.

London Ambulance Service has modelled the impact of the SaHF service changes on its operations (London Ambulance Service modelling report, Feb 2014) and

agreed an additional staffing requirement with the commissioners to support all of the SaHF changes. However, in the short term LAS has stated that it has embarked on a recruitment campaign to fill current vacancies. This involves recruiting from graduate paramedics from University, and qualified paramedics from other UK providers. London Ambulance Service has confirmed that the first batch of recruits from this campaign will be available in North West London in September 2014.

In order to provide interim cover for the current vacancies the Trust utilises private ambulance providers and voluntary aid services such as St John. Overtime is routinely offered to Trust staff to cover gaps. In addition, the Trust continues to proactively manage the incoming demand of 999 calls in a variety of ways.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Education and Training Funding from North West London to support workforce transition
- Signed Contract including Key performance Indicators.
- Shaping a Healthier Future Urgent Care Centre updated Clinical Board Report
- North West London Hospital Trust – Accident and Emergency - capacity and demand paper
- Human Resources Key Principles Document
- Human resources recruitment and retention plan
- Central Middlesex Hospital consultation paper
- Joint Negotiating Consultative Committee Meeting minutes - Frequently Asked Questions for staff affected by changes to accident and emergency services
- Staff Forum Meeting minutes
- Shaping a Healthier Future Partnership Forum Terms of Reference

The Governing Body was assured that there is sufficient numbers of staff and grade mix in place for safe service provision.

4 Communications and Engagement

The objective of this domain is to ensure that patients, the public and wider stakeholders (including Local Authorities) are kept informed of the changes and where to go when.

In order to implement the closures of the Central Middlesex and Hammersmith Hospitals A&Es and embed the 24/7 urgent care centres at the sites, a joint North West London communications group (CCG, SaHF, Trusts and lay members) have been engaging patient groups, other lay partners, and members of the public to ensure widespread awareness and understanding of the changes. This, (in addition to research on what methods and formats are effective for local residents and service users, and feedback from other organisations who have gone through similar change

processes), has informed the development of a large scale co-designed public information and advertising campaign, which began on 28 July. This is described in detail in the Joint Hammersmith Hospital / Central Middlesex Hospital Communications and Engagement Plan, and summarised below.

Three broad levels of messaging have been identified for the public information campaign, depending on the channel used and therefore how long someone is likely to see the messages for:

- Level 1 – Short view advertising (eg billboards, bus stop ads)
- Level 2 – Long view advertising (Print ads, door drop)
- Level 3 – Detailed activity (Leaflets, engagement materials, website)

The communications campaign will be tiered geographically as follows:

1. Core communication area

This is where the concentration of advertising material and mailouts to local groups and businesses will occur. Based on the patient flow data provided to the workstream the core of the campaign will focus on the following geographic areas:

- Brent;
- East Ealing;
- North H&F;
- North K&C;
- Far East of Hounslow

2. Full boroughs
   - All boroughs which fall in to level 1 will see engagement with community groups and politicians across the whole borough.

3. NW London wide
   - Wider communications across all 8 boroughs in North West London around progress of SaHF implementation

The public information campaign includes:

- Adverts in local papers
- Billboard advertising in approaches to the hospitals
- Panels in buses in routes in the core areas around the sites
- 150 bus stop/ standalone street signs
- 312,500 pharmacy bags
- Council bus adverts in Brent
- A letter sent to schools to distribute to parents ahead of the end of term in July
- Information on screens in General Practitioner waiting rooms where available
- Door drops to 285,000 properties within the tier 1 geography
- Information in the form of either leaflets or posters distributed to key organisations:

- Council buildings
- Libraries
- General Practitioner surgeries
- Hospitals (leaflets and posters in the Hammersmith Emergency Unit and Central Middlesex A&E)
- Taxi companies
- Faith buildings
- Colleges & universities
- Pharmacies
- GP prescriptions
- Hairdressers
- Police stations
- Dentists
- Hotels
- Nursing homes
- Community groups

In addition a significant amount of information will be distributed through the engagement work undertaken by the equalities and access workstream.

The material for the public information campaign has been tested with a range of internal and external stakeholders. In addition to testing with clinicians, internal audiences, Trust senior officers, Clinical Commissioning Group Senior Officers, Patient and Public Representative Group and lay partners, we have also conducted 2 rounds of independent testing in focus groups across Brent, Ealing and Hammersmith and Fulham. The groups were selected to be representative of the age, ethnic and social demographics of the boroughs. In total 8 focus groups were used to test the public information campaign material, with 3 groups in Hammersmith and Fulham, 3 groups in Brent and 2 groups in East Ealing.

To ensure that the campaign is having the desired impact and reaching the general public as expected, we will have two phases of evaluation. We will undertake the first round of evaluation in mid-late August to ensure the campaign is reaching our audiences as intended. It will take the form of independent public awareness testing, and if there are lower levels of awareness than expected, we will look to increase the volume of advertising and engagement occurring prior to the closures. Phase 2 will occur after the closures and will aim to inform future patient and public communication. We are in the process of defining metrics and targets. The outputs from this evaluation will be reported into the Hammersmith and Central Middlesex A&E Closure Operations Executive.

It is planned to continue the information campaign beyond the closure dates, with messages refreshed to evolve into a wider behaviour change campaign through the autumn.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Communications plan
- Communications action log
- Communications & Engagement workstream minutes
- Communications plan - Clinical Commissioning Group led specific General Practitioner engagement plan
- Draft advertising
- Communications plan - Clinical Commissioning Group led specific GP engagement plan
- Staff engagement process plan
- Staff meeting dates and Frequently Asked Questions

The Governing Body was assured that patients, the public and wider stakeholders (including Local Authorities) are kept informed of the changes and to inform them of where and when to go for the services they need.

Additional Information is provided on communications in Appendix 1 including the content of advertising information.

5 Travel

The objective of this domain is to ensure that due regard has been given to impact on travel/transport issues and mitigations are in place where necessary. This builds on the extensive work which was undertaken as a part of the Shaping a Healthier Future Decision Making Business Case, which showed that 91% of patients will be unaffected.

As recommended by the SaHF Decision Making Business Case travel analysis, North West London Hospital Trust has undertaken a site specific provider travel plan. The Travel Advisory group (TAG) commissioned site specific travel surveys across all nine major hospital sites which have been shared with respective Trusts. The results of the travel surveys will assist Trusts in updating their travel plans and Trusts are being offered support by WestTrans to update their travel plans to best practice standards.

The Shaping a Healthier Future programme has undertaken detailed travel analysis of the CMH site, in advance of the upcoming service changes. These were finalised and shared with the Central Middlesex Hospital team.

As part of the joint CMH/HH Equalities and Access Workstream, TAG has been working to support the two A&E closures through:

- Promoting a travel mentoring scheme to community groups via the work being undertaken by the joint CMH/HH Equalities and Access Workstream

- WestTrans have offered to assist with this as they have good links to faith groups and this is being progressed
- WestTrans has a mapping tool that is being customised to assist patients/carers to plan their journeys to hospital sites
- Google maps is being updated
- Legible London maps are being piloted at EH and NPH – working to get this extended to other 7 sites
- TfL spider maps showing bus routes at each site – requested for them to be updated and not withdrawn
- CMH and HH websites being updated (in liaison with Travel Line)
- Journey planner being promoted
- Step free information being updated onto Trust websites (eg: to travel to NPH you have to get overground to Wembley Park and bus to NPH)
- Updating road signage for CMH/HH A&E closures update:
  - TfL and Brent and Ealing LAs working to date of 9th September, as a minimum to remove red H signage and to replace with blue H signage
  - Confirmation to TfL and Brent and Ealing LAs Friday 11th July that the programme would like signage to be:
    - Blue H and urgent care 24 hours (not Dept of Transport recognised), or alternatively
    - Blue H and minor injuries 24 hours (Dept of Transport recognised)
  - H&F LA will be sending a letter of confirmation that they do not have any Hammersmith Hospital road signage in place (following email confirmation 3rd July)
  - NWLHT estates team has identified Brent and Ealing LA owned signage 10th July
  - LAS is checking road signage and will provide update by 21st July
  - Triangulation of information w/c 21st July to correlate/ensure no gaps
  - TfL confirmed on 11th July that signage has been identified, a final survey is being undertaken on Monday 14th and a quote for each phase of the work will be prepared following Monday's final survey

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Travel Fact Sheet
- DMBC Travel Analysis
- Travel Advisory Group Report

The Governing Body was assured that due regard has been given to the impact on travel/transport issues and mitigations are in place where necessary.

6 Equalities

The objective of these domains are to ensure that it can be demonstrated that due regard has been given to the impact on equalities issues and mitigations are in place where necessary.

As part of this process a joint Equalities and Access working group has been established by both Imperial and North West London Hospital trust to ensure that any negative impacts on the 9 protected groups identified by the service transition is mitigated by actions and future service changes by both trusts. The Equalities and Access work stream includes equalities leads from both trusts and community and voluntary representatives from the target boroughs.

A large piece of work was produced in April 2014 which examined the populations with protected characteristics as defined by the Equalities Act 2010. Each Trust has used the outputs of this work to strengthen their business cases for how they design services. As part of the work with the local ethnic and demographic population, work has been undertaken with a large number of groups and communities across the geographic target area to look at the patients and communities that use Central Middlesex A&E for their care and who may be impacted by the closure. This has included work to engage with local. The joint equalities and access group has also been working to ensure that before the services transition the programme communicates and engages with as many groups as possible through a large communications and engagement campaign.

The Equalities and Access group has identified a long list of groups that are a priority to engage with. This includes protected and hard to reach groups. Between January and May 2014 the Shaping a healthier future programme undertook engagement with over 25 local organisations, meeting approximately 500 people. The groups included those with learning disabilities, the elderly, those with physical disabilities, refugee and migrant community organisations. The programme has written to a large number of ethnic and protected groups informing them of the changes and offering them information and engagement that is in different languages and in different formats including easy read and using the borough based talking newspaper service for those that are partially sighted. The programme will also be using the ethnic media to get key messages out to target groups. In addition, the programme is commissioning a number of local voluntary sector groups from Brent, Ealing and Hammersmith and Fulham to assist with the communication and engagement work on the service changes

Following legal advice, the plans for additional engagement of hard to reach groups in advance of this service change have been reviewed. Both CCG Accountable Officers (from H&F CCG and Brent CCG) have signed a statement of approval that based upon this legal advice they are satisfied the statutory duties on their organisations conferred by the Equalities Act have been met.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Equality Impact Assessment and Clinical Model
- Overlap analysis

- Independent Reconfiguration Panel Report, SOS decision
- HH & CMH NEL Transition Steering Groups
- Joint Equalities & Access Workstream - Review of Programme activities to date and action plan
- The engagement plan (including the database of groups that will be engaged)
- The engagement tracker
- Summary of the SaHF equalities and access work to date

The Governing Body was assured that due regard has been given to the impact on equalities issues and mitigations are in place where necessary.

7 Finance

The objective of this domain is to ensure that appropriate contingency has been put in place to mitigate financial risks resulting from transition.

Throughout the development of the Shaping a Healthier Future programme, there have been regular financial modelling reviews supported by all Trusts and Commissioners through a Finance and Activity Modelling Group (FAM) consisting of the Brent Harrow and Hillingdon Clinical Commissioning Group Finance Director, CWHHE Finance Director and all Trust Finance Directors. This has been updated following the decision to proceed with the early Accident and Emergency closures at Central Middlesex Hospital and Hammersmith Hospital.

Both Trusts and the programme have undertaken local activity modelling to review the re-distribution of activity following the transition of Accident and Emergency services. Programme modelling supports the assumptions that have been made by both Trusts, with the only exception that the programme predicts a slightly wider movement of activity outside of Imperial Trust.

The majority of activity redistribution will remain within Trusts, with only small changes of net activity within each Trust, therefore it is not predicted that transitions will lead to a significant change to Trust financial positions.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Trust Financial models
- SaHF transitional funding plan
- Shaping a Healthier Future utilisation of 2 5 pc budget Draft (2 April 2014)
- CMH and Hammersmith Activity overlap analysis – report for SaHF Implementation Board (3 April 2014)

The Governing Body should be assured that appropriate contingency has been put in place to mitigate financial risks resulting from transition.

8 Emergency Preparedness, Resilience and Response Planning

The objective of this domain is to ensure that NW London is prepared to respond to major incidents, and ensure continuity of priority services.

NHS England is statutorily responsible for Emergency Preparedness and this is not a domain for which the CCG is accountable. In its statutory role NHS England will be assessing whether EPPR is sufficiently assured ahead of the planned service changes. NHS England is holding 'Exercise Surety' on July 22nd 2014 in order to test the planned closures and their effects on the wider system. We expect NHS England to confirm that they are satisfied this domain will be met in full.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Preparation for Exercise Surety 22 July 2014
- Current EPPR plans
- Assurance from NHS England

Additional detail on this domain can be found in Appendix 1. The CCG chair will be informed of any material issues arising from 'Exercise Surety' in line with the arrangements outlined below for advising the CCG's Governing Body if any major/significant unforeseen clinical or building issue arise after the 22 July.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Major Incident & Emergency planning policies
- Emergency Preparedness, Resilience and Response Assurance Plan Central Middlesex Hospital
- North West London Contingency Plan
- North West London Hospital Trust Business Continuity plan
- Exercise Surety report following event (22 July 2014)

The Governing Body was assured that NW London is prepared to respond to major incidents, and ensure continuity of priority services

9 System Assurance

The objective of this domain is to ensure that continued senior level cross system involvement and support is in place for system assurance.

The CMH A&E Transition project is set within the context of the wider Shaping a Healthier Future programme governance, which includes a number of key governance forums where key stakeholders are represented:

- NWL Clinical Commissioning Group Collaboration Board

- Shaping a Healthier Future Implementation Programme Board
- Shaping a Healthier Future Clinical Board
- Zone meetings
- Implementation project boards
- Emergency and Urgent Care Clinical Implementation Group
- Patient and Public Representative Group

The Shaping a Healthier Future programme governance structure is detailed in the Shaping a Healthier Future Programme Initiation Document.

The Shaping a Healthier Future programme governance structure is detailed in the Shaping a Healthier Future Programme Initiation Document. The key stakeholders involved in this governance structure are regarded as being sufficiently senior. An extensive communications strategy & plan is in place to ensure continued engagement with all programme and project stakeholders. As highlighted in the Project Initiation Document for the CMH NEL Transition Project, lay partners have been actively involved in the project, both at the Project Delivery Board level and the workstream level. As outlined in the governance section of the Programme Initiation Document, the project reports into a number of different governance forums, thereby engaging a wide range of stakeholders on the progress of the project.

Whilst the programme team will work with colleagues in the CCGs, CSU and Providers to ensure the right data and information is received, there is no substitute for effective operational 'grip'. To achieve this, the programme is proposing the establishment of an A&E Closure Operations Executive with the sole remit of monitoring activity, performance and patient flows for a safe transition of services. Recognising that this is a period of substantial change for healthcare systems in North West London, we believe that it is important that stakeholders from across the whole system work together to mitigate any risks which may arise. This forum does not replace all of the local work which will be ongoing at a Trust and CCG level to manage the safe transition of services.

The following sources, amongst others, were used for evidence in arriving at this assessment:

- Joint Hammersmith Hospital / Central Middlesex Hospital Communications Plan
- Minutes from Patient and Public Reference Group
- Hammersmith Emergency Unit Transition Project Initiation Document
- North West London Contingency plan
- Minutes from Tri-Borough Urgent Care Programme Board
- Minutes from the Charing Cross and Hammersmith Zone Meetings
- Charing Cross Local Hospital Engagement Report
- Minutes from Hammersmith Emergency Unit Closure Committee
- Minutes from 3rd July Shaping a healthier future implementation programme board

- Terms of Reference for the Tri-Borough Urgent Care Programme Board (TBC)
- Shaping a Healthier Future Project Initiation Document
- Implementation Programme Board Minutes & Papers
- Join Committee Primary Care Trust Minutes (19 February 2013)
- Urgent Care Board Update (June 2014)
- Central Middlesex Non-Elective Transition Workstream Steering Group Meeting Minutes – includes an update on Urgent Care Board (13 May 2014
- Shaping a Healthier Future Patient and Public Representative Group Minutes

The Governing Body was assured that continued senior level cross system involvement and support is in place for system assurance.

10 Risk of delay to planned closure

The objective of this domain is to ensure that the risk of delay to closure is sufficiently factored in to decision making.

There are a number of risks in keeping the CMH A&E department open which on balance, creates an imperative to close the unit in line with the Secretary of State's requirements.

- Currently the department is not consultant led and the staff are predominantly locums and doctors that are not on the London Deanery training programmes. The service is staffed currently to safe levels but the reliance on locums mean that this is not a safe way to manage the service in an on-going way.
- NWLHT has highlighted that it is unable to staff the Emergency Unit with the appropriate grade of medical staff as they do not have the appropriate doctors to oversee and supervise the work.
- Unplanned closure is a likely possibility on clinical safety grounds as the workforce is now preparing for change
- Not implementing the CMH A&E closure is very likely to lead to system wide deterioration of performance, particularly over the winter months

Further, in addition to the recommendation that the "changes to A&E at Central Middlesex and Hammersmith hospitals should be implemented as soon as practicable" the Independent Reconfiguration Panel advised that "commissioners and providers of acute hospital services across north west London must ensure that changes required to secure safety and quality for patients are made without delay".

4.4 Brent CCG assurance findings

4.4.1 At its Governing Body meeting on 23rd July 2014, on behalf of all CCGs in North West London, Brent CCG assured itself that these changes are safe for Brent residents and the wider population of North West London (NWL) to be

transitioned on 10th September 2014. In support of this decision it was noted that:

(i) Appropriate progress has been made at this time (mid-July) to support the planned closure date of 10 September - this is also supported by NHS England and NHS Trust Development Authority who are undertaking a joint assurance process alongside the CCG assurance process;

(ii) NWLHT has undertaken modelling based on a "worst case" scenario in relation to the need for beds. This provides a 19% contingency; incorporating learning from the closure of Chase Farm Hospital A&E department in December 2013 (which resulted in a post A&E closure spike in activity of 14%), providing an additional 5% contingency to that required for the Chase Farm closure;

(iii) NWLHT, Brent CCG Governing Body and Harrow CCG Governing Body through their Chair noted the capacity and performance challenges at NPH. The implementation of the treat and transfer model of care, underpinned by the updated clinical model and the additional 22 Carroll Ward beds at NPH would produce a net benefit in bed capacity across NWLHT. As a result performance would be maintained and improved. In addition, NWLHT has undertaken modelling for the treat and transfer model of care, using the successfully implemented fractured neck of femur pathway which resulted in improved outcomes for patients, with quicker mobilisation and shorter hospital stays. The CCG was further assured that the proposed extension of the treat and transfer model for fractured neck of femur to suitable medical admissions was safer than the current regular divert of patients from Northwick Park to CMH due to bed shortages at Northwick Park. Under the treat and transfer model, all medical admissions to Northwick Park would be admitted to Northwick Park and therefore have access to all specialist support and advice. For those medical patients who required longer recovery from their acute episode of illness they would be transferred to medical wards at CMH with appropriate supporting services.

(iv) All affected organisations (NWLHT, UCC at CMH, UCC at NPH, LAS, Imperial, Ealing Healthcare Trust, Royal Free) have confirmed their statement of readiness to support the planned closure - capacity and trained workforce is/will be in place. The LAS had adequately assessed the impact of the closure of the CMH and Hammersmith A&E's and would have additional ten staff in place so that there was no detriment to ambulance response times. The UCC on the Care UK site was ready to meet the enhanced specification as a standalone UCC with extended staff training, recruitment of additional staff and embedding revised clinical pathways.

(v) Brent local authority confirmed their involvement and support for this and the impact for them in terms of support for care packages, etc.

(vi) Consolidating A&E staff onto the NPH site improves utilisation of resources and maintenance of skills and will result in improved patient experience at NPH

(vii) An extensive communications programme has been developed that has included community led engagement delivered in conjunction with Brent CVS, Ealing CVS, H&F Community Groups and CITAS beginning on 28 July, and includes support for engaging communities in ten different languages. Patient and lay representatives have been involved in and are members of the monthly project board meetings, ensuring a patient focus in the delivery of the planned changes.

(viii) The risks of delay were noted, in particular NWLHT's inability to maintain a safe service at CMH through winter. By delivering the closure in a planned and co-ordinated manner the programme is mitigating the risk of an unplanned closure.

(ix) Sufficient monitoring of processes will be put in place to respond to unexpected peaks in demand beyond the planned contingency. These included daily and weekly mechanisms. The A&E Closure Operations Executive will meet weekly for a least six weeks post closure.

(x) The NW London wide Emergency Control Room will collect daily information from all NWL hospitals and update CCGs and GPs on any increasing pressures in the system so action can be taken.

(xi) The A&E Closure Operations Executive will review multi-agency key performance contracts so any pressures in the system can be managed and performance at NWLHT and across NW London Hospitals can be maintained.

(xii) The LAS had adequately assessed the impact of the closure of the CMH and Hammersmith A&E's and would have additional ten staff in place so that there was no detriment to ambulance response times.

(xiii) The UCC on the Care UK site was ready to meet the enhanced specification as a standalone UCC with extended staff training, recruitment of additional staff and embedding revised clinical pathways.

The Brent CCG Governing Body was assured that the balance of risks meant that it was safer to close the CMH A&E on 10th September rather than keep the A&E open for longer.

It was also noted that the Hammersmith and Fulham CCG had met the previous day (22nd July 2014) and had also confirmed it was assured that the balance of risks meant that it was safer to close the HH EU on 10th September rather than keep the EU open for longer.

4.5 Next Steps

4.5.1 The Shaping a healthier future programme will continue work with NW London CCGs, NWLHT, IHT, NHSE and NHS TDA to manage the closure of CMH A&E department and HH EU department on 10th September 2014.

An Operational Executive will meet at least weekly in the lead up to and following the change, bringing together representatives of these parties to jointly assure readiness for change; proactively ensuring a rapid joint response to any risks or issues as they arise.

Communication to stakeholders and public will continue from 28th July to beyond the closure of the A&E department.