Summary Sheet: Governing Body meeting

Date: Tuesday 8th July 2014

The Governing body is asked to:

1) Note the update on the programme plans for joint closure of A&E Departments at CMH and HH
2) Note the update on the assurance processes that will be undertaken by:
   a) Hammersmith and Fulham CCG to ensure the safe closure of the A&E Department at Hammersmith Hospital
   b) Brent CCG to ensure the safe closure of the A&E Department at Central Middlesex Hospital

Summary of purpose and scope of report

1. Provide an update on the programme plans for joint closure of A&E Departments at CMH and HH
2. Provide an update on the assurance processes that will be undertaken by:
   - Hammersmith and Fulham CCG to ensure the safe closure of the A&E Department at Hammersmith Hospital
   - Brent CCG to ensure the safe closure of the A&E Department at Central Middlesex Hospital

Quality & Safety/ Patient Engagement/ Impact on patient services:

This service change will result in a closure of the A&E departments at Hammersmith Hospital and Central Middlesex Hospital. Therefore these services will no longer be available to patients.

However, the Urgent Care Centre at Hammersmith Hospital will be moved to the new SaHF specification for a standalone UCC, which includes 24/7 opening hours.

The quality and safety of this service change will be ensured through a detailed assurance process as follows:
   - NHS England and the TDA are completing a joint assurance review of both sites
- H&F CCG Governing body will complete a detailed assurance process (with an assurance meeting in public on 22 July):
  - As the lead commissioner Hammersmith Hospital focussing on safety of care pathways
  - As the lead commissioners for St Mary’s on behalf of other CCGs focussing on capacity issues
- Brent CCG Governing body will complete a detailed assurance process (with an assurance meeting in public on 22 July):
  - As the lead commissioner Central Middlesex Hospital focussing on safety of care pathways
  - As the lead commissioners for Northwick Park on behalf of other CCGs focussing on capacity issues

Patient engagement on this service change has taken place through the SaHF Patient and Public Representative Group (PPRG). In addition, patients are represented on both the Project Delivery Board, which maintains oversight of the overall project delivery, as well as in the detailed project workstreams where appropriate (e.g. Communications and Engagement).

### Financial and resource implications

This project does not require any financial or resource support from Central London CCG.

Hammersmith and Fulham CCG is the lead commissioner for the key services affected by this change:
- Hammersmith Hospital Emergency Services
- Hammersmith Urgent Care Centre
- St. Mary’s Hospital (acute services)

Therefore there is not anticipated to be a significant impact on services commissioned by Central London CCG. Although there may be an increase in the activity of the St. Mary’s Urgent Care Centre as a result of this service change, this should already be covered through the plans to migrate this Urgent Care Centre to the SaHF specification by March 2015.

### Equality / Human Rights / Privacy impact analysis

The SaHF programme’s legal advisors have confirmed that there is no legal requirement to undertake a further Equalities Impact Assessment for the closure of the Hammersmith and Central Middlesex A&E departments, following the original assessment undertaken as part of the SaHF Decision Making Business Case.

However, a joint Hammersmith / Central Middlesex Equality and Access workstream has been established, and is managing the potential impacts of the service change on protected and hard to reach groups through a dedicated process of engagement.

### Risk

The key risks associated with the closure of the Hammersmith Hospital Emergency Unit are:
- Unable to maintain sufficient staffing levels in Hammersmith Hospital Emergency Unit (EU) to ensure clinical safety during the transition period
- Lack of understanding by the public, patients and GPs regarding the changes to the Hammersmith Hospital Emergency Unit services
- Provision of additional capacity at St. Mary’s and Charing Cross Hospital to accommodate the transfer of activity from Hammersmith Hospital when the Emergency Unit closes.

All of the above risks are recorded in the project risk log and have mitigation plans in place.
### Governance and reporting
(list committees, groups, or other bodies that have discussed the paper)

<table>
<thead>
<tr>
<th>Committee name</th>
<th>Date discussed</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>NWL CCG Collaboration Board</td>
<td>8th May 2014</td>
<td>NWL CCG Collaboration Board agreed with the proposed process for CCG assurance of the changes to Hammersmith Hospital and Central Middlesex Hospital.</td>
</tr>
</tbody>
</table>
Programme plans for joint closure of A&E Departments at CMH and HH

Briefing pack for Hounslow CCG Governing Body
Objective

1. Provide an update on the programme plans for joint closure of A&E Departments at CMH and HH
2. Provide an update on the assurance process that will be undertaken to ensure the safe closure of the A&E Departments at CMH and HH
The programme is implementing SaHF service changes in the coming months to deliver on decisions already made by the JCPCT and the Secretary of State

- The NW London JCPCT made the SaHF decisions (Feb ‘13) and these decisions were accepted by the Secretary of State following the IRP’s review (Oct 13)
- The Secretary of State’s decision was that the Emergency Unit at Hammersmith Hospital and A&E department at Central Middlesex should be closed “as soon as practicable”
- CCGs must assure themselves that any proposed change is safe before services are transitioned
- Governing Bodies can assure themselves through advice from Trust Boards, Implementation Programme Board and other organisations
- The SaHF Implementation Programme Board and governance sub-groups are established to support CCGs by providing advice about overall system capacity and readiness
- Governing Bodies now need to follow a process to assure themselves that they have all the information they require to make their final determination on readiness for service transition
- NHS England and the NTDA are also undertaking a joint assurance process to assure themselves that services can be transitioned safely
LSOA level analysis showed that the current activity at CMH and HH has a wide footprint across NW London.

It is therefore imperative to view which sites can expect to receive activity from closures at CMH and HH.

Activity density maps were built from CSU data breaking down UCC attendances, A&E attendances and NEL admissions, at CMH and HH, by LSOA from 12/13.
A timetable has been established with CCGs and Trusts so they can assure themselves that services can be transitioned safely.

- **June**
  - H&F CCG
    - Agree the process for seeking assurance that HH EU can be safely closed
    - CCGs that are affected to a lesser extent
  - Brent CCG
    - Agree the process for seeking assurance that CMH A&E can be safely closed
    - CCGs that are affected to a lesser extent

- **July**
  - H&F CCG
    - H&F CCG - Lead Commissioner for St Mary’s (receiving site)
    - Trust confirmation of readiness for transition
  - Brent CCG
    - Brent CCG – Lead Commissioner for Northwick Park
    - Trust confirmation of readiness for transition

- **August**
  - H&F CCG
    - CCG assurance that HH EU can be safely closed
  - Brent CCG
    - CCG assurance that CMH A&E can be safely closed

- **September**
  - NHS England and NTDA Review
    - Readiness monitoring and delegated authority
  - Brent CCG
    - CCG assurance that CMH A&E can be safely closed
    - Trust confirmation of readiness for transition
  - H&F CCG
    - CCG assurance that HH EU can be safely closed

**Service transition**

**Shaping a healthier future**
A significant amount of work has been delivered to achieve this timetable

- Development of two fully formed project boards to manage the delivery of change working alongside the Central Middlesex and Charing Cross/Hammersmith Zones.
- Focussed lessons learned sessions with key members of the Barnet and Chase Farm Transition programme to ensure we are learning from previous experiences
- Use of existing programme governance (Urgent and Emergency Care CIG, Clinical Board, Implementation Programme Board and CCG Collaboration Board) to agree a number of key elements of the approach, including:
  1. Agreement to proceed with a joint closure date of both CMH A&E and Hammersmith EU
  2. Review of the critical delivery areas and ensure that they are correctly monitored
  3. Support to the development of UCCs at CMH and HH to ensure they comply with the SaHF specification for a standalone UCC
- Development of a common framework of questions for CCG Assurance
- Agreement that H&F and Brent CCGs will lead the assurance process:
  1. As the lead commissioners for Hammersmith and Central Middlesex Hospitals, focussing on safety of care pathways
  2. As the lead commissioners for Northwick Park and St Mary’s (materially impacted sites) on behalf of other CCGs focussing on capacity issues.
A common assurance framework has been developed

- Through a number of engagement sessions we have developed an assurance framework which is based around a number of key delivery areas.
- A number of questions will be asked within each of these areas and supporting documents provided.
- The aim of the process is to identify the areas where further work is required in the run in to the planned transition of services on 10 September.

A review of readiness for transition will be assessed against key delivery areas:

- Clinical Quality
  - Are correct policies and agreed pathways in place for safe transition of services to requisite level of quality?
- Operational and Capacity Planning
  - Is the capacity available in receiving acute and OOH sites with agreed operational policies?
- Workforce
  - Is a suitably capable workforce in place for a safe transition?
- Communications and engagement
  - Has there been sufficient, patient and public engagement and is there a plan for this to continue?
- Travel and equalities
  - Have travel and equality implications as a result of the reconfiguration been identified and addressed?
- Finance
  - Has due consideration been given to activity and financial implications of transition?
- EPRR Planning (Emergency Preparedness, Resilience and Response) Planning
  - Have statutory duties to prepare for responding to major incidents, and ensuring continuity of priority services been satisfied?
- System Assurance
  - Have all affected organisations understood the change and are prepared to manage the transition?
What this means for Hounslow residents

For attendance at Hammersmith Hospital we have in terms of Hounslow residents:

- 1,082 UCC attendances out of 24,176
- 940 A&E attendance out of 18,646
- 719 NEL admissions out of 8,937

Patients who attend A&E themselves pass through the UCC to access A&E so there may be some double counting in those figures.

A number of specialist services, including the Heart Attack Centre will remain at Hammersmith. It is assumed that the vast majority of activity from Hammersmith Hospital, will move to St Mary’s or Charing Cross, with – this is supported by the capacity planning that is being put in place by Imperial. It is also assumed that all UCC activity will stay at HH.

It is estimated that on average there will be on average an extra three attendances every day at West Middlesex and one additional admission. West Middlesex are sighted on the issue as they are members of the Charing Cross/Hammersmith & Fulham zone.

Data Source – 12/13 CSU Activity Data
We are delivering a number of next steps towards a joint closure date of September 10

- NHS England and the TDA are completing a **joint assurance review** of both sites
- H&F CCG Governing body will complete a detailed assurance process (22 July):
  - As the lead commissioner Hammersmith Hospital focussing on safety of care pathways
  - As the lead commissioners for St Mary’s on behalf of other CCGs focussing on capacity issues
- Brent CCG Governing body will complete a **detailed assurance process** (23 July):
  - As the lead commissioner Central Middlesex Hospital focussing on safety of care pathways
  - As the lead commissioners for Northwick Park on behalf of other CCGs focussing on capacity issues
- An extensive **communications strategy** across NW London will be launched on the 28th July
- **NW London wide contingency plan** to manage A&E and associated ‘downstream’ capacity during transition involving all NW London sites.