THE PROPOSED TIMING OF THE TRANSITION OF MATERNITY, NEONATOLOGY AND INPATIENT PAEDIATRICS FROM THE EALING HOSPITAL SITE AND THE SUPPORT OF GYNAECOLOGY SERVICES

SUMMARY PAPER AND RESOLUTIONS FOR AGREEMENT

Paper 4.0
Ealing CCG Governing Body
20th May 2015
Version: FINAL
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1 NAVIGATING THIS DOCUMENT

1.1 Purpose of this paper
This paper has been developed to support Ealing CCG in taking a decision on the timing of the changes to maternity, neonatal, paediatrics and supporting gynaecology services that were previously agreed by the North West (NW) London Joint Committee of PCTs (JCPCT) in February 2013.

It provides:
- An overview of the rationale for the proposed timing for the changes to these services
- An overview of the detailed supporting papers
- The decision-making process for determining the timing of these changes, including the decisions taken to date and Ealing CCG’s role in further decision making for the implementation of these changes.
- The resolutions which are proposed for the Governing Body to discuss and potentially agree at the meeting on the 20th May 2015.

1.2 Defined range of services
In this document, the phrase “defined range of services” is used with regard to services currently delivered at Ealing Hospital which will transition to other receiving sites. These are grouped into three clinical service areas; maternity and neonatal, gynaecology and paediatrics. The defined range of services is outlined below.

1.2.1 Maternity & Neonatal services that are proposed to transition from Ealing Hospital

<table>
<thead>
<tr>
<th>Service</th>
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<tbody>
<tr>
<td>1</td>
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</table>
| - All inpatient maternity and neonatal care including;  
  - All hospital based births  
  - All hospital based scans (although these could be offered on site by receiving Trusts should patient demand require)  
  - All hospital care for newborns |
| 2       |
| - Antenatal Care  
  - Only those women placed on a ‘high risk’ pathway |

1.2.2 Gynaecology services that are proposed to transition from Ealing Hospital
Elective and emergency gynaecology services will remain at Ealing hospital.
However, a small number of out of hours emergency gynaecology cases may need to be transferred to larger units for specialist surgical care.
Service

1. Emergency gynaecology surgery
   – Out of Hours emergency gynaecology surgery where the patient is not appropriate for treatment at Ealing Hospital, based on the judgement of the on-call clinical team

1.2.3 Paediatrics services that are proposed to transition from Ealing Hospital by June 2016

For the transition of paediatrics services, the defined range is:

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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<tbody>
<tr>
<td>1</td>
<td>Paediatric in-patient services, including:</td>
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<tr>
<td></td>
<td>– Short-stay paediatric observation service (the 'Paediatric Assessment Unit' (PAU))</td>
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<td></td>
<td>– Non-elective in-patient service; and</td>
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<td></td>
<td>– Elective in-patient service.</td>
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<td>2</td>
<td>Paediatric 'blue light' ambulance conveyances</td>
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<td></td>
<td>Paediatric emergency activity suitable for stabilisation and transfer</td>
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</tbody>
</table>

1.3 Scope and Contents of accompanying papers presented to the Governing Body

The table on the following pages describes the full suite of papers which are being presented to Ealing CCG Governing Body for its consideration.
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<thead>
<tr>
<th>Agenda Ref</th>
<th>Title</th>
<th>Summary of scope and contents of paper</th>
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<tr>
<td>4.0</td>
<td>Summary Paper and Resolutions</td>
<td>Summary of rationale for why decision on transition date required now; interdependencies between maternity, paediatrics and gynaecology services at Ealing Hospital; proposed transition date; summary of decision making and previous Governing Body meetings as well as assurance process; resolutions for agreement by Ealing CCG Governing Body</td>
</tr>
<tr>
<td>5.0</td>
<td>The case for the transition of maternity services from the Ealing Hospital site to be completed on 1 July 2015</td>
<td>Rationale for proposed transition date for Ealing Hospital maternity and neonatal unit; challenges facing Ealing maternity unit</td>
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<td>5.1</td>
<td>Maternity and Neonatal Model of Care</td>
<td>Overview of overall NW London maternity model of care, including the updated community model of care</td>
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<tr>
<td>5.2</td>
<td>London Clinical Senate Review</td>
<td>Report from the London Clinical Senate review of the rationale and timing for the transition of maternity and interrelated services from Ealing Hospital – confirming London Clinical Senate support for the proposed changes and timescales</td>
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<tr>
<td>6.0</td>
<td>Maternity Modelling &amp; Activity Projections</td>
<td>Context and modelling methodology; the scenarios which are tested; stress testing the planned number of beds; headroom at each site and implications on women's choice; Interdependent services; Workforce summary; conclusions from detailed analysis; detailed split of Ealing Hospital's births; Outputs of site by site stress testing of planned beds</td>
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<td>7.0</td>
<td>Assessment of the Impact of the Timing of the Maternity Transition on Paediatric Services at Ealing Hospital</td>
<td>Paediatrics case for change; paediatric model of care and clinical interdependencies; rationale for the timing of the changes to paediatric services; paediatric activity and capacity modelling; implementation planning; paediatric risks</td>
</tr>
<tr>
<td>7.1</td>
<td>Draft Paediatric</td>
<td>Draft high level implementation plan for the transition of inpatient paediatric services from Ealing</td>
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<tr>
<td>Agenda Ref</td>
<td>Title</td>
<td>Summary of scope and contents of paper</td>
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<tr>
<td></td>
<td>implementation plan</td>
<td>Hospital</td>
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<tr>
<td>8.0</td>
<td>Initial Paediatrics Modelling &amp; Activity Projections</td>
<td>Pre- and post-transition activity at Ealing Hospital; patient flow assumptions; impact on receiving trust in-patients; impact on receiving trust A&amp;Es; impact on London Ambulance Service; capacity at receiving sites</td>
</tr>
<tr>
<td>9.0</td>
<td>Gynaecology model of care at Ealing Hospital: The requirement to change, proposed model of care and anticipated benefits of the proposed change</td>
<td>Gynaecology context for change; current emergency gynaecology activity; future model of care; workforce requirements; benefits delivered; risks and mitigation; patient pathways; stakeholders engaged in development of model of care</td>
</tr>
<tr>
<td>10.0</td>
<td>Letters of Readiness from Trust Chief Executives</td>
<td>Letters of readiness from Chief Executive Officers of the sending and receiving Trusts and London Ambulance Service, confirming trust readiness for the transition of maternity and interrelated services from Ealing Hospital.</td>
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<tr>
<td>10.1</td>
<td>Letter of Readiness from HE NWL</td>
<td>Letter of readiness from Health Education NWL confirming the HE NWL medical trainee and student midwifery plans and confirming HE NWL support for proposed transition date</td>
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<td>11.0</td>
<td>TAG Travel Analysis and Travel Recommendations</td>
<td>Summary of the recommendations and travel analysis agreed by the Transport Advisory Group to mitigate impacts on travel of closure of the Ealing maternity unit</td>
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<tr>
<td>12.0</td>
<td>PPRG Statement and Recommendations</td>
<td>Statement from the SaHF Patient and Public Representative Group and list of recommendations to address travel and equalities impacts of transition of maternity and interrelated services from Ealing Hospital</td>
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<td>Agenda Ref</td>
<td>Title</td>
<td>Summary of scope and contents of paper</td>
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<tr>
<td>13.0</td>
<td>Reflections from A&amp;E Changes</td>
<td>Reflections from NW London A&amp;E service transitions from Central Middlesex Hospital and Hammersmith Hospital outlining how these reflections have been applied to the planning for the transition of maternity and interrelated services from Ealing Hospital</td>
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<tr>
<td>13.1</td>
<td>Outputs of NHS E Stage One Assurance Process</td>
<td>NHS E response to assurance documentation provided to address NHS E Stage One assurance requirements (pre-decision making), covering: workforce; operational delivery roles; estates work; testing of maternity booking service; gynaecology model of care</td>
</tr>
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<td>13.2</td>
<td>Outputs of CCG Led Assurance Process</td>
<td>Outputs and next steps from the CCG led assurance process, including CCG assurance sessions and clinical site visits</td>
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<td>14.0</td>
<td>High level Implementation Plan and Operational Readiness</td>
<td>High-level implementation plan for closure of the Ealing maternity unit. Summary of operational readiness of system, including system monitoring governance arrangements, and current quality metrics</td>
</tr>
<tr>
<td>15.0</td>
<td>Summary of Communications, Engagement and Equalities Work</td>
<td>Summary of all Communications, Engagement and Equalities work undertaken to support the transition of maternity and interrelated services from Ealing Hospital</td>
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<td>15.1</td>
<td>Equalities Analysis</td>
<td>Equalities Analysis – Outcomes of the equalities assessment on the changes to maternity and interrelated services</td>
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<td>Agenda Ref</td>
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<td>Summary of scope and contents of paper</td>
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<td>15.2</td>
<td>Programme Response to Lay Partner Recommendations</td>
<td>Lay partner recommendations – Recommendations from lay partners to address outcomes from the equalities and travel analysis on the changes to maternity and interrelated services</td>
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<td>15.3</td>
<td>Communications and Engagement Activity Plan</td>
<td>Communications and engagement plan – Plan for communicating with key stakeholder group on changes to maternity and interrelated services.</td>
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<td>15.4</td>
<td>Public information materials</td>
<td>Pack of public information materials on the changes to maternity and interrelated services at Ealing Hospital covering: NW London maternity booklet; Easy Read booklet (version to be translated); Travel maps – bus and car; Patient journey poster; Maternity unit poster; Community services poster; Distribution plan for materials</td>
</tr>
<tr>
<td>15.5</td>
<td>Detail of community engagement</td>
<td>Detail of the community engagement work undertaken on the changes to maternity and interrelated services at Ealing Hospital covering: report from previous engagement; groups to engage; specification for external support</td>
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</table>
2 PROPOSED TIMING

2.1 Context for the decision on the recommended date for the transition of maternity, paediatrics and the support for gynaecology services from Ealing Hospital

Working with hospital doctors, midwives, nurse leaders, providers of community care, volunteer groups and charities, Shaping a Healthier future (SaHF) developed a set of proposals in 2012 that aim to transform the way healthcare is delivered for people in North West London (NW London). In October 2013, the Secretary of State for health accepted the Independent Reconfiguration Panel recommendations to implement all of the SaHF proposals. For maternity and paediatric services this included the consolidation of maternity (delivery) and paediatric inpatient services from seven sites to six (Chelsea and Westminster, Hillingdon, Northwick Park, St Mary’s, Queen Charlotte’s and West Middlesex). While no detailed implementation timeframe was set, there was a clear recommendation 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.”

On 19th March 2014, Ealing CCG Governing Body as the lead commissioner for non-specialist services at Ealing Hospital, made a decision to invest in contingency plans for the transition of maternity and neonatal services from Ealing Hospital by 2015. This was in response to a letter from the Deputy CEO of Ealing Hospital to the Medical Director of NHS England (London region) highlighting the issue of reduction in deliveries and the impact this could have on training and the ability to fulfil clinical rotas. Ealing CCG Governing Body agreed to meet again to discuss the issue in Autumn 2014.

On 8th October 2014, Ealing CCG Governing Body met in public and agreed that there is a need to plan for the transition of maternity and any other clinically interdependent services from Ealing Hospital as soon as possible, noting that the earliest that any service transition could take place would be in 2015 when additional system capacity will be available. The Governing Body met again on 18th March 2015 and reviewed emerging transition plans and assurance documentation.

Following this meeting, it was agreed that the Ealing CCG Governing Body would meet again in public and take a decision on the exact timing of the transition of the maternity and paediatrics from Ealing Hospital and the support for gynaecology services following the receipt of further assurance information.

2.2 Rationale for the proposed transition of the Ealing Hospital maternity and neonatal unit on 1 July 2015

The challenges facing Ealing Hospital maternity and neonatal unit are:
Delivery activity at Ealing Hospital is at its lowest level in over three years and is now rapidly declining to the point where the risk of unplanned closure is heightened because of movement of staff.

Ealing Hospital currently offers only 60 hours of consultant presence on the labour ward. This is significantly less than at other hospitals in NW London where the level of consultant cover ranges from 98 to 130 hours.

Issues have been identified with the quality of obstetrics and gynaecology training at Ealing Hospital.

It is increasingly difficult to attract and retain maternity staff at Ealing Hospital. Some staff have begun to seek alternative opportunities at other providers.

As delivery numbers decline, staff (neonatal and midwifery) are not exposed to enough activity to maintain skills.

As delivery numbers drop there will be a significant additional cost to Ealing CCG for maintaining the maternity services at Ealing Hospital beyond 2014/15. The unit was subsidised by £2.6m in 2014/15 and this subsidy will need to increase as deliveries fall.

Collectively, these challenges mean that doing nothing is not an option. The transition needs to be implemented in a planned manner.

While additional funding could be provided to try to keep services running, this will not address all of the clinical safety issues or guarantee staffing. In addition, this additional funding could be released to support and improve other key service areas. As a result, the SaHF Clinical and Implementation Programme Boards are recommending that Ealing CCG agrees 1 July 2015 as the date by which the transition has been complete for the activity from the Ealing Birthing Unit.

This closure would necessitate ensuring there is sufficient physical capacity and workforce in place in "receiving" sites. Two factors mean that this can be achieved sooner than originally thought:

- **There have been significant improvements in workforce** - Other maternity units in NW London have made good progress towards achieving improved consultant cover and are therefore better staffed to handle additional activity.

- **There has been significant investment in estates.** Surrounding hospitals, in response to the CCG contingency plans have agreed to take activity currently seen at Ealing Hospital have made significant progress in expanding their maternity estates capacity in anticipation of the implementation of this change.

The clinical recommendation is that the transition should take place as soon as there is assurance that sufficient workforce and physical capacity is in place to enable change to take place safely. Receiving Trusts have confirmed there will be sufficient physical capacity at all of the receiving Trusts by the end of May 2015. The Maternity and Neonatal Project Delivery Board recommends that 6 weeks are needed from the point of decision making to the final closure of the unit in order to transition all staff and women mid pathway to the receiving Trusts.

There is a strong risk of an unplanned closure should the challenges outlined above not be addressed. Unplanned closure would adversely impact on neighbouring hospitals in NW London, which in the absence of a planned transfer of midwifery and medical trainee staff from Ealing would not have workforce in place to accommodate a sudden increase in activity. It would also cause increased confusion and uncertainty among staff and patients. While there may be capacity within existing Trusts in NW London to handle a slight increase in bookings from Ealing women (due to the fact that many of the Trusts in NW London experienced a drop in deliveries during 2013/14 and 2014/15 and therefore have some capacity), a significant increase in demand at any of the Trusts in NW London over a short period cannot easily be sustained due to workforce constraints in the receiving trusts. Those maternity units in NW London that receive bookings from Ealing women now have said they will be unable to offer the future model of care for community midwifery services to Ealing women.
There is an increasing risk that services will become unsafe, necessitating unplanned transition of the Ealing Hospital maternity service which is neither fair nor reasonable for the women of Ealing or the staff at Ealing Hospital. As a result, there is an urgent need to act now to address these challenges and avoid unplanned change.

As a result and on advice of the NW London Maternity Project Delivery Board, it is proposed that the transition of maternity services from Ealing Hospital should be completed on 1 July 2015. The SaHF Clinical Board has overseen the planning and assurance of this change and will meet on 18th May to review final arrangements. A verbal update will be provided to the meeting of Ealing CCG Governing Body on 20th May.

Further detail on the rationale for the requirement to set a date for the transition can be found in Paper 5.0 'Maternity Case for Change'.

2.3 The interdependencies between maternity, paediatrics and supporting gynaecology services at Ealing Hospital

Critical clinical dependencies exist between maternity and paediatric services at Ealing Hospital. As a result, it has become clear that the transition of both services needs to be considered as one decision in order to avoid unplanned change in the form of the potential destabilisation of the paediatric workforce at Ealing Hospital.

There is also an interdependency between obstetric services and gynaecology services at Ealing Hospital because of the interconnected training rotas. The consultant staff have largely specialised in either gynaecology or obstetrics and there are sufficient members of the gynae rota to provide 24/7 care. The SaHF Clinical Board has worked with clinicians from across North West London and agreed a model of care which will ensure this service is stable and meets the needs of local women and ensures that the gynaecology service at Ealing Hospital is fully supported.

A number of new services will be put in place following this change which will benefit Ealing residents:

- The enhancement of ante and post-natal services to Ealing women to ensure all women from Ealing borough are able to access the majority of their antenatal and post natal care closer to home
- The implementation of a specialist Paediatric 'Rapid Access Clinic' (RAC) which will provide expert clinical opinion for Ealing children who require senior consultant assessment
- An enhanced emergency gynaecology model of care service with greater access to consultant opinion available on the Ealing Hospital site

2.4 The decision around the timing of the maternity transition must also include a decision on the provision of supporting gynaecology services at Ealing Hospital

It has been agreed by the SaHF Clinical Board, in conjunction with the Gynaecology Consultant group at London North West Healthcare Trust that all emergency and elective cases can continue to be received at Ealing Hospital but that a small number of out of hours emergency gynaecology services may need to be transferred to larger units for specialist surgical care. Day-case and outpatient care will be retained at Ealing Hospital as well as the majority of the 'in hours' emergency gynaecology service at the Ealing Hospital A&E. The overall impact of gynaecology changes is expected to be minimal and will be facilitated by the recently completed merger between Ealing Hospital and North West London Hospital Trust.
The SaHF Clinical Board has overseen the planning and assurance of this change and will meet on 18th May to review final arrangements. A verbal update will be provided to the meeting of Ealing CCG Governing Body on 20th May.

More detail on the proposed changes to the gynaecology model of care can be found in paper 9.0

Gynaecology Model of Care for Ealing Hospital

2.5 The decision around the timing of the maternity transition must also include a decision on the timing of the paediatrics transition, with services to close by June 2016 at the latest

The optimal transition date for the defined range of paediatrics services was originally considered to be between three and six months after the transition of maternity services due to staff changes and training rotations.

Analysis and review of local A&E provision and the need to increase paediatric inpatient capacity suggests that a more prolonged period between changes would enable a safer and higher quality transition.

Work with Health Education England and the Paediatric Implementation Group has shown that a sustainable interim paediatric service could be supported, with increasing consultant rapid-access clinics and development of innovative paediatric services in the community. These doctors would not be suitable for neonatal training, so limiting the duration of transition, but highly relevant for GP training and General Paediatric trainees. This allows an interim paediatric inpatient service to continue.

In order to minimise disruption to training rotas and the destabilisation of the Ealing Hospital paediatric workforce, the transition of paediatric in-patient and emergency services should take place when capacity is available at receiving sites with the change not occurring during a period of peak paediatric activity.

The need to avoid the period of peak activity, March – May, as well as develop and test robust clinical pathways and transfer protocols, and implement plans for the proposed consultant-led paediatric Rapid Access Clinic in Ealing suggests that, in this case, ‘as early as practicable’ means 30th June 2016, when all capacity will be available. This does not destabilise the overall implementation process which the IRP stated should occur ‘without delay’.

As a result and on the advice of the NW London Paediatrics Project Delivery Board, it is therefore proposed that the transition of inpatient paediatrics services from Ealing Hospital should be completed on 30th June 2016. The SaHF Clinical Board has overseen the planning and assurance of this change to date and will continue to undertake this role. It will meet on 18th May to review the latest arrangements and a verbal update will be provided to the meeting of Ealing CCG Governing Body on 20th May.

More detail on the proposed changes to the paediatric model of care can be found in paper 7.0

"Assessment of the Impact of the Timing of the Maternity Transition on Paediatric Services at Ealing Hospital"
3 DECISION MAKING PROCESS

3.1 Background to the decision to transition maternity, neonatology and inpatient paediatric services and supporting gynaecology from Ealing hospital

These changes will help NW London meet the challenge of the NHS mandate, save lives and improve clinical outcomes. The NHS in NW London is facing a range of pressures and challenges. From a clinical view, there is increased demand caused by the ageing population and increased prevalence of long term conditions and co-morbidities. There are also unacceptable variations in the quality of care provided, evidenced by higher mortality rates for patients who are treated in hospital at night or during the weekend. There are shortages of key staff, who need to be concentrated on fewer sites. Alongside this, there are financial pressures which require the NHS to deliver efficiency savings for reinvestment. Doing nothing is not an option. The SaHF Case for Change was developed with local clinicians, who looked at the current and future demands on the NHS in NW London, and showed that a new configuration of services was necessary to deliver high quality care within the financial constraints on the system. Since these options were developed, NHS England published the Five Year Forward View, to which the SaHF proposals are fully aligned.

In order to significantly improve the maternity, neonatal and paediatric services provided to women, children and families in NW London, the proposals include the intention to close the maternity, neonatal and paediatrics inpatient services currently delivered on the Ealing Hospital site. The full set of proposals was presented to the Joint Committee of Primary Care Trusts (JCPT) in February 2013 with the full recommendations set out in the accompanying Decision Making Business Case (DMBC). The JCPT met and agreed as a statutory decision making body to accept the proposals included within the DMBC.

Since the original decision to close the unit was endorsed by the Secretary of State, NHS England has published their Five Year Forward View which includes a vision for how maternity services will be delivered in England. In March 2015, the Morecambe Bay Report, which examined the provision of maternity services at University Hospitals Morecambe Bay NHS Foundation Trust, was also published. The vision and recommendations arising from both documents will influence the future shape of maternity services. The changes being taken forward by the Shaping a Healthier Future Programme and Maternity Project Delivery Board are consistent with these documents.

3.2 Programme Implementation Governance

Following the decision of the JCPT, an implementation programme was established to manage the changes to services across North West London.

1 Reference to the DMBC (http://www.healthiernorthwestlondon.nhs.uk/document-downloads?term=168)
The governance for the transition of maternity, neonatal, gynaecology and paediatrics services is set within the context of the wider SaHF programme governance, which includes a number of key governance forums where key stakeholders are represented:

- Shaping a Healthier Future Implementation Programme Board
- Shaping a Healthier Future Clinical Board
- Maternity and Neonatal & Paediatrics Project Delivery Boards
- NW London Maternity Network/Clinical Implementation Group (CIG) and the Paediatrics CIG
- Emergency and Urgent Care Clinical Implementation Group
- Patient and Public Representative Clinical Group
- Travel Advisory Group

Each of these groups has examined the information presented to Ealing CCG Governing Body on 20th May where relevant and assisted with the development of content and planning.

### 3.3 Independent Reconfiguration Panel Review and Secretary of State Statement to Parliament

The agreed changes were referred to the Independent Reconfiguration Panel (IRP) in 2013 for review. In October 2013, the Secretary of State for Health accepted the IRP recommendations to implement all of the SaHF proposals due to the compelling evidence for how services will be improved. For maternity and neonatal services this included the consolidation of maternity (delivery) and neonatal services from seven sites to six sites (Chelsea and Westminster, Hillingdon, Northwick Park, Queen Charlotte’s, St Mary’s and West Middlesex). For paediatric services, this included the consolidation of paediatric inpatient services from six sites to five sites (Chelsea and Westminster, Hillingdon, Northwick Park, St Mary’s and West Middlesex). There was a clear recommendation 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”

In his letter to the London Borough of Ealing Health and Adult Social Services Standing Scrutiny Panel, the Secretary of State for Health wrote:

“I support the panel’s recommendation that maternity and paediatric inpatient services should be concentrated on the sites identified by Shaping a Healthier Future”

### 3.4 Ealing CCG decision to commence contingency planning

In March 2014, Ealing CCG Governing Body made a decision to invest in contingency plans that would allow the transition of maternity services from the Ealing Hospital site in 2015. This was in response to concerns raised by Ealing Hospital to the Medical Director of NHS England (London region) highlighting the issue of a reduction in deliveries and the subsequent challenges to sustainability and quality. Ealing CCG Governing Body agreed to meet again to discuss the issue in autumn 2014.

It was agreed that a number of factors would need to be considered in detail before a decision on the timing of the maternity transition can be made. These included:

- Maintenance of clinical quality and access to care – all women and their families should have access to a comprehensive range of maternity services which are equitably and appropriately resourced and comply with safeguarding policies and procedures.

Further detail on how this requirement has been met can be found in paper 5.0 'Maternity Case for change’
• Impact on staff – disruption for Ealing Hospital staff must be kept to a minimum, including impact on training rotas.

Further detail on how this requirement has been met can be found in paper 6.0 Maternity Modelling and Activity Projections

• Alignment with Out of Hospital (OOH) commitments - sufficient capacity should exist in the community to provide care as close to home as possible, where this is clinically appropriate and GPs must be engaged and informed in the development and implementation of any models of care that have an impact on their patients.

Further detail on how this requirement has been met can be found in paper 5.1 Maternity and Neonatal Model of Care

• Financial and operational viability – the transition must be managed as cost effectively as possible, although there will be some double running necessary to ensure a smooth transition.

Further detail on how this requirement has been met can be found in paper 14.0 High Level Implementation Plan and Operational Readiness

3.5 Ealing CCG Governing Body Decision of 8th October 2014

On 8th October 2014, Ealing CCG Governing Body met in public to discuss the possible next steps in the implementation of these changes. The Governing Body agreed:

– That there was a need to plan for the transition of maternity and any other necessary, clinically interdependent services from Ealing Hospital as soon as possible, noting that the earliest that any service transition could take place is March 2015 when additional system capacity will be available.
– To seek the views of the Maternity and Neonatal and Paediatric Project Delivery Boards on the optimum approach to this planning exercise and timing of any change, including those changes which may be required to associated or interdependent clinical services both at Ealing and other hospitals
– To Seek ‘Delegated Authority’ from any other CCG with a material interest in this change in order to ensure Ealing CCG can progress this work and, whilst addressing their concerns, take any decisions on their behalf as required.

Following this meeting, it was agreed that the Ealing CCG Governing Body would meet again in public and take a decision on the optimal date for the transition of the maternity, inpatient paediatrics and gynaecology services from Ealing Hospital.

3.6 Ealing CCG Governing Body meeting on 18th March 2015

On 18th March 2015, Ealing CCG Governing Body met in public to examine what progress had been made since its October meeting on this issue. The Governing Body examined a range of documentation including:

• The proposed model of care for maternity and neonatal services in North West London following any transition of services
• An update on the maternity activity and capacity modelling
• A letter from NHS England with initial assurance feedback on the documentation submitted to date
• A communications and engagement update
Following a review of this documentation, the Governing Body noted:

- That it had received Delegated Authority from other statutory bodies with a material interest in the decision making process
- The letter received from NHS England dated 11th March 2015 "Re: NHS England assurance on changes to Ealing maternity services" and the recommendations contained within this letter.
- That there was further assurance work which was recommended to be undertaken

The Governing Body agreed that this work should be progressed and that it would review the outputs of this work at a future meeting.

### 3.7 Ealing CCG’s Role in the decision making process

The Joint Committee of Primary Care Trusts (JCPCT) which met in February 2013 contained representation from the eight North West London Primary Care Trusts (PCTs) as well as Camden, Richmond and Wandsworth PCTs.

Following the implementation of the Health and Social Care Act (2012) the equivalent Clinical Commissioning Groups (CCGs) covering the same geographical area took responsibility for the implementation of the Shaping a Healthier Future programme.

Ealing CCG, as the commissioner with the closest proximity and largest volume of patients using the Ealing Hospital service met on 8th October 2014 and requested delegated authority from other commissioners with a material interest to take a decision on their, and its own, behalf to determine the timing of the agreed service changes. All of these delegations were received (further detail provided in the resolutions contained within Section 4 of this document, which shows the dates on which these delegation decisions were taken).

Camden, Wandsworth and Richmond CCGs each reviewed the documentation which was presented to the Ealing CCG Governing Body on 8th October. Following this review, each of these CCGs wrote to the Senior Responsible Officer (SRO) of the Shaping a Healthier Future programme to acknowledge the upcoming decision and state that each did not believe it had a material interest in the decision making process. As a result of these letters, no delegations for decision making were requested or required from these CCGs.

Ealing Hospital also currently provides a Special Care Unit (SCU) as part of its neonatal service. Following the implementation of the Health and Social Care Act (2012), responsibility for the commissioning of Specialised Services such as this was transferred to NHS England. For the SCU service at Ealing Hospital, NHS England in its role as commissioner for Specialised Services will take its own decision regarding the future of this service at a later date.

Ealing CCG will therefore meet on 20th May 2015 to consider the resolutions set out in section 5, on behalf of those commissioners with a material interest which have delegated authority to the Ealing CCG Governing Body.
4 SYSTEM WIDE ASSURANCE UNDERTAKEN TO DATE

In addition to Ealing CCG’s decision making role, an extensive array of assurance has been undertaken by NHS organisations on the planning to set a date for the implementation of the changes to maternity and interdependent services.

4.1 NHS England / TDA Led Assurance

This assurance work has been grouped into three phases:

Stage 1: Pre decision making assurance (complete)
- External review of the clinical case for change and its proposed timing by the London Clinical Senate
- External review of the forecast demand and activity flows following implementation, with an additional check that sufficient capacity will be in place at receiving organisations
- Review of workforce plans for the implementation of the change
- Review of Trust Board reports for those hospitals involved in the change
- Review of system readiness and a check on the operational plans for hospitals receiving activity
- Confirmation of communications and engagement plans
- Review of the equalities impact and a confirmation of the mitigation plans to offset this
- Review of the travel impact and a confirmation of the mitigation plans to offset this
- Confirmation of risks of not proceeding with the transition as planned

Outputs of Stage 1 assurance process:
Stage 1 assurance considered three key elements as detailed below.

1. London Clinical Senate review - Review of the clinical case for change and its proposed timing by the London Clinical Senate. The London Clinical Senate review has concluded that:

“The Review Team found no material issues that alter the strategic case for change presented in 2013. At an operational level the Review Team found that the drivers for change have accelerated since the case for change was accepted, especially over the last few months in maternity services, increasing risks to clinical quality and safety.”

“It is imperative that the transition of maternity and neonatal services from Ealing Hospital takes place as proposed by June 2015 to mitigate risk to quality and safety.”

This report has been considered and noted by the Shaping a Healthier Future Clinical Board and Shaping a Healthier Future Implementation Programme Board.

The full report is enclosed as paper 5.2 London Clinical Senate Review.

All of the recommendations from the London Clinical Senate have been addressed in the documents developed for the Governing Body to review. Most notably:
| Recommendation area highlighted by London Clinical Senate Report | Addressed in accompanying paper |
|---------------------------------------------------------------|---------------------------------
| Emergency gynaecology services at Ealing Hospital following any changes to maternity services | Addressed fully in paper 9.0 regarding the proposed gynaecology model of care |
| Paediatrics services provided from Ealing Hospital, including any alternative models of care | Addressed fully in paper 7.0 regarding the proposed paediatric model of care and paper 8.0 regarding the paediatric modelling and activity projections |
| Maternity and neonatal changes being made to the delivery of care at receiving sites and within the borough of Ealing | Addressed fully in paper 5.1 proposed maternity model of care, 6.0 maternity modelling and activity projections and 14.0 high level implementation plan for maternity changes |

2. Discussions with clinical leaders in North West London to understand their views

3. Review of the forecast demand and activity flows - A review of the forecast demand and activity flows following implementation, with an additional check that sufficient capacity will be in place at receiving organisations.

The programme updated its modelling document in response to this review. The updated modelling document shows that there is sufficient capacity across NW London to meet demand in births across the system and at individual sites. Each trust has provided senior representation to the Maternity PDB to ensure that bed and staffing capacity will meet the predicted activity that will transfer from Ealing Hospital. Further, most trusts forecast that they could take further deliveries if needed.

The updated maternity activity projections is included as paper 6.0.

**Letter from NHS England to Ealing CCG Governing Body (March 2015)**

At the last meeting of the Ealing CCG Governing Body, members reviewed a letter sent by NHS England which outlined the further work required before Stage 1 assurance was complete. This letter contained a request for further information on the following:

- Further detail on number of midwives, consultants, neonatal nurses and sonographers who will be in place at time of transition
- Thresholds for minimum staffing levels have been met and robust plans to increase to improved levels are in place
- Estates work at Queen Charlotte’s will be completed in advance of transition
- Testing of maternity booking system for monitoring booking at Trusts
- Detail of gynaecology emergency model at Ealing Hospital

All of this information was supplied to NHS England on 18th April 2015. Following this submission, NHS England reviewed the information and wrote a formal letter of response back to Ealing CCG which can be found in **Paper 13.1, Outputs of NHS England Stage One assurance process.**
Stage 2: Post decision making / pre-implementation assurance (subject to the decision of Ealing CCG Governing Body on 20th May 2015)

- Confirmation that London Ambulance Service has the capacity to manage emergency paediatric, gynaecology and maternity transfers
- Agreed financing of transition & capital costs
- IT systems fully functional in community centres
- Confirmation that all women booked at Ealing Hospital have been contacted, alternative booking made and transferring care plan has been signed by all three parties
- Confirmation of time period that midwives will be present in Ealing A&E post inpatient maternity closure
- Continued emphasis on communications with stakeholders (GPs, community groups, LAS, others)
- Post implementation programme management arrangements for monitoring actuals against plan
- Confirmation of emergency surge arrangements for maternity

Stage 3: Post implementation assurance (subject to the decision of Ealing CCG Governing Body on 20th May 2015)

- A collaborative ongoing assessment of system stability following the proposed changes

4.2 North West London CCG Led assurance

Following the decision by the NW London CCGs to delegate decision making authority to Ealing CCG Governing Body for the timing of the transition of Ealing maternity services, provider focused assurance reviews took place through December 2014, January and February 2015.

The objective of these reviews has been to provide assurances to CCGs following their delegation decision, on the clinical and operational planning and preparations Trusts are leading on to support the transition of maternity and neonatal services from Ealing Hospital.

The outputs and recommendations from these sessions are included in Paper 13.2 'Outputs of CCG led assurance process'

The provider focused assurance reviews have been led by the lead commissioner for each Trust in NW London and have comprised of two parts:

- Part one: A CCG led assurance review session at a private meeting of the CCG Governing Body
- Part two: A CCG led clinical site visit

The reviews commenced in December 2014 and focused on assuring the provider implementation plans for receiving maternity and neonatal activity from Ealing Hospital, rather than assurance on provider readiness to handle the additional activity at that point.

All of the provider assurance review sessions have now been completed and the following assurance products have been developed:

- Provider readiness pack presented to the private CCG Governing Body meeting
- Draft notes from the provider readiness session, which were used to inform the key lines of enquiry for the clinical site visits
- Site visit feedback
5 RESOLUTIONS FOR AGREEMENT

The Ealing CCG Governing Body is asked to:

(1) ACKNOWLEDGE that it has received Delegated Authority from the following statutory bodies and is therefore vested with the authority to take decisions on timing with regard to the agreed maternity, paediatric and gynaecology service changes at Ealing Hospital on their behalf.

<table>
<thead>
<tr>
<th>CCG Governing Body</th>
<th>Date Agreed</th>
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</thead>
<tbody>
<tr>
<td>Central London CCG</td>
<td>12th November 2014</td>
</tr>
<tr>
<td>West London CCG</td>
<td>4th November 2014</td>
</tr>
<tr>
<td>Hammersmith &amp; Fulham CCG</td>
<td>11th November 2014</td>
</tr>
<tr>
<td>Hounslow CCG</td>
<td>11th November 2014</td>
</tr>
<tr>
<td>Brent CCG</td>
<td>26th November 2014</td>
</tr>
<tr>
<td>Harrow CCG</td>
<td>24th February 2015</td>
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<tr>
<td>Hillingdon CCG</td>
<td>24th October 2014</td>
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</tbody>
</table>

(2) With regard to maternity services currently delivered on the Ealing Hospital site

(a) AGREE that, in line with the Secretary of State’s decision of 30th October 2013 to endorse the transition of the Maternity service, a date should now be set for completion of the implementation of this change.

(b) AGREE that based on the information and recommendations presented to the Governing Body, the transition of the Maternity service should be completed on 1 July 2015.

(3) With regard to gynaecological services on the Ealing Hospital Site

(a) AGREE that based on the information and recommendations presented to the Governing Body the transition of the defined range of emergency gynaecology services should be completed by 1 July 2015.

(4) With regard to paediatric services currently delivered on the Ealing Hospital Site

(a) AGREE that, in line with the Secretary of State’s decision of 30th October 2013 to endorse the transition of the defined range of paediatric services at Ealing Hospital, a preferred date should now be set for the completion of the implementation of this change.

(b) AGREE that based upon the information and recommendations presented to the Governing Body there should be a clear implementation plan and assurance process developed to enable the proposed transition of paediatric services to be completed on 30 June 2016.
(5) The CCG Governing Body is also asked to:

(a) AGREE to develop a joint Assurance process with NHS England and the Trust Development Authority to ensure that the transition of the paediatric services can proceed as planned and monitor and address any clinical or delivery risks in paediatric services across North West London. That the outputs of this process will be formally reviewed by the governing body in public no later than 31 March 2016
If Ealing CCG Governing Body approves the resolutions stated in Section 4, implementation of the proposals will commence immediately.

A high level implementation plan is included for consideration as paper 14.0