NHS England/National Trust Development Authority:

Planned A&E Department Closures at

Central Middlesex and Hammersmith Hospitals – Hammersmith, Charing Cross and St Mary's

Clinical Site Visit Report

Final Version

THE NHS CONSTITUTION
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Introduction

The Secretary of State, having agreed the 'Shaping a Healthier Future' proposal in October 2013, directed that the A&E departments at Central Middlesex and Hammersmith Hospital be closed "as soon as practicable" based on advice from the Independent Reconfiguration Panel (IRP). The rationale for this closure, and timescale, are as follows:

- the proximity of both departments (approximately 2½ miles) – closing one without the other could result in unsustainable pressure on the remaining A&E department
- reliance on agency/locum staff – Junior Doctor posts would not be available to the A&E departments after the beginning of August 2014
- support for the Notting Hill carnival – to support this major event, the A&E departments would need to close after the August bank holiday (25th – 26th August 2014)
- preparation for the winter season – there will be a need for the A&E departments to support services during the busy summer holiday period, but close leaving sufficient time for new services to bed in before the onset of the winter season
- Relocation of staff to Northwich Park Hospital – in advance of the opening of the new A&E department at Northwick Park Hospital, in late October 2014, North West London Hospitals NHS Trust are keen to close the Central Middlesex Hospital A&E department and relocate staff to Northwick Park Hospital.

The Shaping a Healthier Future (SaHF) Implementation Programme Board and Clinical Board identified mid-September 2014 as the optimum time for the closure of these A&E departments. Based on previous experience 8am on a Wednesday, as the relatively quietest period of the week, has been chosen as the nominated day and time of closure in line with the Central Middlesex Hospital A&E current opening times.

Following the closure of the Hammersmith A&E department, the Urgent Care Centre (UCC) will change its opening times from 8am and 8pm daily to being open 24 hours a day, 7 days a week. The UCC went to 24/7 working from 23rd June 2014. The A&E at Hammersmith Hospital will close on the 10th September 2014.

Governance

Central Middlesex and Hammersmith Hospital have been preparing for the closure of their A&E departments since February 2014. The SaHF Implementation Programme Board, which includes all North West London CCG chairs, NHS Trust Chief Executives as well as the SaHF leadership team and representatives from the SaHF Clinical Board, met on the 6th March 2014 and provisionally agreed to these closures in mid-September.

This decision followed in-depth discussions with the project teams, at both Central Middlesex and Hammersmith Hospitals, outlining clear criteria to ensure safe and effective closure.

Assurance framework

The assurance process is being enacted through the following governance principles:

- The North West London Hospitals and Imperial College Healthcare NHS Trust via their respective formal Trust Board processes
- Brent and Hammersmith and Fulham CCGs, supported by the SaHF Implementation Programme Board, are leading the process, on behalf of the eight North West London CCGs, to ensure readiness for the closure of the A&E departments. Each CCG remains a statutory decision maker
- NHS England and NHS TDA have put in place a joint assurance process to assess the process and governance which has been put in place by the CCGs and NHS Trusts on the state of readiness for implementing the planned services changes at Hammersmith and Central Middlesex Hospitals on 10th September 2014.

Purpose of the clinical site visits

The purpose of the clinical site visits was to assess the organisational readiness for the proposed service changes and that implementation plans are in place to assure safe and effective services to patients in preparation of, during and following the planned A&E closures on the 10th September 2014.

The team comprised a group of senior clinicians from NHS England and NHS TDA who together are responsible in their respective roles for CCG and NHS provider assurance and oversight. The visits were conducted jointly with the CCG as partners who have, in addition to this report, produced their own feedback for the SAHF Implementation Programme Board.

Members of the clinical team (full biographies are available in Appendix 2)

NHS England	TDA	CCG
David Finch – Medical Director NWL Area Team	Debbie Stubberfield – Clinical Quality Director (London)	Jonathan Webster - Director of Quality, Nursing & Patient Safety
Denise Chaffer – Director of Nursing NWL Area Team	Stan Silverman – Deputy Medical Director (AM only)	CWHHE CCGs Commissioning Collaborative
	Marion Smith – Head of Quality	Dr Susan McGoldrick – Vice Chair of Hammersmith & Fulham CCG
	Sandra Gray – Clinical Adviser	Susan Lebroy - Medical Director SAHF Programme Board

This visit to the following sites took place on 5th August 2014:

- Hammersmith Hospital
- Charing Cross Hospital
- St Mary's Hospital including the three co-located Urgent Care Centres (please see Appendix 3 for details of areas visited and Trust staff involved).

The level of assurance from the clinical site visit was assessed based upon evidence gained from:

- Discussions with key clinical staff
- Visits to clinical areas
- Evidence from documents provided related to key lines of enquiry

St Mary's Hospital: Initial meeting with key executive and senior clinical leaders

The clinical team met with members of the executive team together with some of their senior clinical leads. The Chief Executive welcomed the clinical visit team and stated the closure was high on the agenda for the Trust. The Chief Executive is assured that closure and transition plans are robust and will support the new model of care. The Chief Executive added that the NHS Trust's clinical leadership and senior management team had been central in the decision-making process and implementation planning.

The Medical Director stated that the current model is not sustainable; the nature of temporary cover currently operating presents significant clinical risk. The Medical Director also stated there would be significant clinical risk if the closure does not go ahead since rotas are now in place for the St Mary's Hospital A&E department. The St Mary's Hospital A&E department have been holding vacancies and no junior doctors for Hammersmith Hospital have been rostered for beyond the 10th September 2014. In addition to this, the closure also supports the implementation of the overall clinical strategy for both the NHS Trust and SaHF

Overall, the NHS Trust has not identified any major issues in relation to plans for the closure of the A&E departments and transition of services. The Charing Cross site is essential to these plans and will stay open to support the closure and transition process. The team also confirmed that they would have extra staff on duty during the closure and transition with senior staff and managers on hand to provide support and troubleshoot where necessary.

Nursing

The Divisional Director of Nursing stated there were no nursing issues identified regarding the staffing of A&E posts in the new model. A number of new roles have been identified for the development of nursing staff which would enhance the new service model on the Hammersmith Hospital site. The Trust was confident that the majority of vacant nursing posts would be filled by the 10th of September 2014 and of delivering a safe service post changes. Training is also being provided for a of number Emergency Nurse Practitioner roles.

The Consultant Nurse at Imperial College Healthcare NHS Trust has been working closely with nurses in the UCCs to develop new enhanced skills. The view expressed by Imperial College Healthcare NHS Trust was that there had been "excellent nurse engagement".

The Medical Director and Divisional Director of Nursing for Medicine provided assurance that both medical and nursing teams had been actively involved in the decision-making process and that the transfer of A&E services from the Hammersmith Hospital would lead to a "better position" for the NHS Trust.

London Ambulance Service (LAS)

The executive team and senior clinical leads expressed confidence that the London Ambulance Service (LAS) understands the new pathways. Currently, the ambulances do not take surgical or trauma patients to Hammersmith Hospital and there is an understanding that the services offered at Hammersmith Hospital are not the same those provided at St Mary's Hospital or Charing Cross Hospital. However, walk-in patients may pose a greater risk, so to help mitigate this there is a clear communication plan in place to raise local awareness of these changes.

Patient flow

New patient flows were also discussed. A new twice-daily model of ward rounds for acute medical and surgical patients has been developed and approved by the NHS Trusts Consultants; this allows the NHS Trust to identify patients who are fit for discharge on Saturdays and Sundays. There will also be a new operating policy at Hammersmith Hospital to ensure that beds are available by lunchtime, supplemented by a newly introduced criteria-led discharge process.

Seven new Consultants are being recruited to the St Mary's Hospital site and should be in post by December 2014 - this will also start the implementation process for the introduction of partial seven days services.

Imperial view of the impact of the CQC inspection

On the 2nd September 2014 the Trust is expecting the commencement of a CQC hospital inspection. There will be a public meeting, planned by the CQC, between the 18th August 2014 and 5th September 2014 for the CQC to meet and listen to key stakeholders.

Major incident plans

The NHS Trust has recently participated in a recent exercise. This has led to valuable insight and learnings for the team to take forward in the coming weeks. For instance, there is a need to further develop plans for any UCC walk-in patients. No major concerns have been identified in relation to the proposed changes and the NHS Trust is working with the emergency planning leads at NHS England to address any outstanding actions.

Infection control and isolation of potentially infectious patients

The executive team and senior clinical leads are assured of their capacity to isolate potentially infectious patients. The UCC will be moving into the Emergency department at the Hammersmith Hospital and an extra cubicle is being built in Majors at St Mary's Hospital. IFC plans will be signed off within the next two weeks.

The clinical review team needs to see:

- *Confirmation of the signed IFC plans*

Quality and Compliance Monitoring

A range of key performance indicators (KPIs) have been developed, (the evidence reviewed was the 'Assurance for a safe and sustainable transfer of services from Hammersmith and Central Middlesex Hospitals' document), and established into a dashboard. We have advised that this should be reviewed by the NHS Trust on a weekly basis.

This document refers to Healthcare Acquired Infection (HCAI) performance, percentage of patients refused by UCC for LAS conveyance, number of complaints for selected sites, and a 'balanced rating of patient safety'. These are being further developed together with the North West London NHS Trust focusing on safety and quality. The plan is for the dashboard to include performance and patient satisfaction with new services.

Discussions of joint KPI metrics took place. The clinical review team requested further development of the KPIs to specifically capture how quality will be impacted by the A&E closures through a more detailed view of safety, experience and quality indicators. Dr Susan Lebroy said this work was ongoing via the SAHF Implementation Programme Board. Suggestions from the team included the benefits of early involvement of senior personnel in the assessment and management of acute patients and improved clinical outcomes.

Evaluation of the impact of the closures is being formally developed. This needs to be able to demonstrate the benefits of the closures in terms of patient safety, experience and clinical outcomes. Importantly, this will need to identify any adverse quality impact.

The clinical review team would like to see:

- *The finalised KPIs to be used, and the monitoring, assurance and escalation governance process*
- *The evaluation framework for the changes*

Hammersmith Hospital site visit

The Clinical review team visited the Hammersmith Hospital site and made the following observations.

Urgent Care Centre (UCC)

The UCCs on all three sites are a tripartite partnership arrangement (ICHT, LCW and CLCH). The UCC see patients with:

- Minor injuries
- Acute unwell patients

The UCC at Hammersmith Hospital sees up to 100 patients and currently completes care for 85-87% of patients that are presented at the UCC. All these patients are streamed at the front door of the UCC. The UCC at Hammersmith Hospital will continue to monitor attendance with most patients continuing to be managed on the Hammersmith Hospital site. They have seen a drop in attendance over the last year of around 6% with between 13 and 15 patients being referred on to A&E.

UCC workforce and training plans

Dr Tim Ladbrooke (UCC Medical Director) gave clear assurance of staffing level recruitment and training plans. The UCC has an established triage criterion in place, used for the past five years, and are confident in its evidence base. They believe they may need to see an extra 13 patients a day and their data suggests they would need to divert/transfer around 13 to 15 patents from the UCC a day. In terms of physical capacity, minor alterations are being undertaken to provide an additional cubicle.

UCC Medical staff

The NHS Trust has undertaken an analysis of the patient case mix and identified high risk patients that are currently being transferred from the UCC to the Hammersmith Hospital A&E department. These conditions have informed the training plan for UCC staff (e.g. chest pain, overdose, sick children, shortness of breath, abdominal pain) to ensure all GPs are effectively trained. The UCC staff are all trained in life support skills and the GPs have undergone enhanced refresher training with training tailored according to the patient base. This UCC training is also targeted at specific disease areas, based on having assessed 100 patients that had previously attended.

This enhanced training has been provided for a pool of 30 GPs in five UCCs – the NHS Trust does not use agency doctors. All GPs have had advanced training in triage screening; the UCC has developed its own streaming model which is done by GPs, based on a ‘model of exception’ with clear guidelines. This enhanced and refresher training for GPs in the UCC has been completed. The team were told this training is not aimed to change GPs into ‘mini A&E Doctors’. For example, they will transfer patients to St Mary’s Hospital who need intravenous fluids, or further diagnostics tests. They believe the likelihood of an emergency will be a rare occasion. They have agreed transfer protocols with LAS who will provide rapid response when needed, and in addition back up clinical support can be accessed from the Hospital in the form of a nurse practitioner and resuscitation team if needed.

The Medical Director for the UCC identified that in the future recruiting GPs to work at the Hammersmith Hospital UCC may be more difficult because it may be less desirable to work at a standalone UCC unit if GPs had a choice of other units to work in. However he was confident there were sufficient GPs to deliver the service. It was also noted that there are a number of standalone UCCs across London.

UCC Nursing

The Senior Nursing Manager was confident they were prepared for the proposed changes. They use Emergency Nurse Practitioners (ENPs) from the Central London Community Health NHS Trust, plus they use regular agency ENPs who are well known to them. In addition they are always supported on each shift with a permanent member of staff.

Their nursing establishment is for 19.5 wte and they have 14.75 in post (five wte vacancies covered by agency nurses). Training plans have been completed and they have two new nurses starting in August 2014 who will undertake an induction programme for 1-2 weeks.

The nursing staff have mapped out the potential skills required, working closely with the NHS Trust's expert Consultant Nurse, emergency care and leading development programme. They felt there has been excellent nursing engagement.

Having identified that there were a number of agency ENPs used, the clinical review team have arranged a follow up discussion with CLCH to check the status of recruitment plans in relation to ENPs.

Two members of the clinical review team (NHS TDA and CCG) subsequently met with the Chief Nurse and her Deputy on 13th August 2014 and sought assurance that they were confident of safe staffing from 10th September 2014 onwards.

The clinical team needs to see:

- *Confirmation of vacancy levels, safe staffing policy and escalation, and competency assessment from CLCH*
- *Staffing rota's from 10th September 2014 for the UCC*
- *Confirmation of training records*

Testing from 11th August 2014

The NHS Trust has planned a 'go live' of 11th August 2014 to allow a month for testing the new pathways. These plans will monitor staff views regarding whether they felt:

- It was supported
- Whether the proposed changes worked

The UCC will monitor how many times they ask for help from the A&E department during the 'standalone' test. They are also planning to conduct a shadow run from the 11th August 2014, recording in real time, including LAS referrals.

They have identified some anxieties in some of the GPs when the A&E department closes, but this has been mitigated to some degree by the provision of the enhanced training. They do not expect these anxieties to impact on recruitment in the short term.

Escalation plans at times of severe pressure

The Medical Director for the UCC said they had a clear escalation process for when the centre reached capacity. They have a trigger point at which they will draft in more GPs or ask St Mary's UCC to help out. During the recent major incident test they identified the need to formalise a diversion policy if required.

There is a site operation group which will continue to meet, prior to, during and following the A&E changes. Escalation processes have been discussed in various meetings and the Trust needs to ensure they have all been shared together to see how they interlink.

The clinical review team needs to see:

- *The formal escalation policy*

Risks related to patients walk-in patients

There are some concerns from staff related to those occasional acutely ill patients that may present/walk in to the UCC that need more acute services, for example, paediatrics and gynaecology patients. The plan for these patients is to transfer them to St Mary's Hospital via 999 ambulances. The risk is felt to be similar to how a GP practice in the community would currently manage this level of risk. However, the UCC will also have access to back up resuscitation facilities which are remaining at Hammersmith Hospital if needed. The recent communication plan will also help in targeting patient expectations of what facilities are available in the UCC.

New pathway development

New pathways had been developed between the NHS Trust and the UCC for patients presenting after 10th September 2014 to the UCC, these include:

- Mental health
- Maternity
- Gynaecology
- Paediatrics
- Cardiology
- Renal
- Haematology

The mental health pathway has been completed and pathway testing with the Chelsea and Westminster unit will be in shadow form from 11th August 2014.

For the maternity and gynaecology pathway, the maternity unit will remain at Hammersmith Hospital. There is also an early pregnancy unit open from Monday to Friday. Women presenting less than 20 weeks pregnant, during out of hours, will need to transfer to St Mary's Hospital.

Paediatrics will continue to be seen in the UCC, and can also be referred to the paediatric ambulatory care unit during week days, transferred if needed to St Mary's Hospital out of hours.

The cardiology pathway is unchanged with the exception of 'non confirmed heart attack' patients with chest pain who will be managed by the cardiology team. The cardiology team confirmed that they have sufficient capacity. Cardiology patients will go directly to the 'heart attack unit'. The A&E changes will mean cardiac mimics will also go there and be kept for 24 hours and then transferred.

The first point of contact for the renal pathway is the existing unit – the pathway established is not affected by the A&E changes. They have retrospectively reviewed 53 patients who were category 2 LAS blue light, with low saturations. As there will be no receiving centre at Hammersmith Hospital, these patients will now go to St. Mary's Hospital. The consultant also described the consultation process with patients and the development of the patient passport. The clinical teams confirmed, at their mortality and morbidity meeting, that they will continue to monitor closely any impact on patients as well as continue to listen to the views of patients. They have good links with UCC should renal patients attend whilst renal patients who turn up at St Mary's Hospital will be redirected to the Hammersmith Hospital pathway after initial assessment and treatment

There has been good consultation with the kidney association informing them of changes. They are considering whether to have a 4 bed direct admission unit after the A&E closure as the changes may impact on 1 patient per week. A final decision has yet to be made. In the meantime, the plan is to monitor the impact very closely during the service changes.

The clinical review team would like to see:

- *Confirmation of the timeline for completion of the patient passport*
- *Confirmation whether the proposal for the 4 bed day ward will go ahead*

The haematology day unit will continue and the expected impact is predicted to be about 3% of blue light cases will need to go to St Mary's Hospital.

Medical Assessment Unit (MAU)

The MAU staffed by Hammersmith Hospital staff will see patients that come via a single point of access for medical referrals. MAU will be staffed by some previous A&E department staff so organisational memory will be retained. MAU takes direct GP referrals or referrals from the UCC. Improvements to pathways for GP admissions include new triage roles for band 7 nurse supported by senior medical advice for GPs centrally.

Hammersmith Hospital has increased their ward rounds to ensure patients can be discharged home by lunchtime. Criteria led discharge is in place.

Medical assessment ward (B1 ward)

This is an 8 trolley ward taking direct referrals from A&E:

- SPA – all calls are nurse triaged. Nurse consultant lead available. HH: B1 – Medical Assessment area with 8 trolleys will take renal & haematology, direct referrals from GPs 24/7. 2 rooms for ambulatory care plus an isolation room and discharge lounge
- 24 hour access radiology on site.

The clinical team met with a number of staff (nurses and doctors) who all appeared briefed, prepared and supportive of the service changes.

Arrangements with LAS/Clinical sites for transfer of critical cases from the UCC

Transferring patients from the UCC to St Mary's Hospital was discussed, particularly those patients who had suffered a critical episode. The staff said that ITU would remain on site and that resuscitation support would be provided to the UCC from Imperial College Healthcare NHS Trust. An anaesthetist would accompany the patient during transfer if appropriate. The NHS Trust confirmed that LAS would treat any such transfers as a priority.

A concern raised by staff was LAS capacity and what the framework/protocol was for internal capacity (contact with transport service). It was felt that there were no issues about LAS quality and it was reported by clinicians that they made good quality clinical decisions. The UCC lead had a high level of confidence in the right patients arriving at the UCC, believing there are strict LAS protocols in place and clear escalation for transfer when needed.

The clinical review team needs to see:

- *Assurance that LAS workforce plans meet increased demand and confirmation that LAS has the capacity to meet response times*
- *LAS inter-site travel protocol*

The NHS Trust confirmed that in the rare case of an acutely unwell patient waiting for 999 ambulances, the UCC staff are trained in life support and resuscitation back up was available from the Hammersmith Hospital staff.

Concerns re-non LAS Transport service

The Trust has a contract with an in-house transport system from DHL with paramedic level of support. Concerns about transport were raised by a number of staff. These focused on issues of capacity and possible internal delays in terms of inter-hospital transfers. Staff requested clarity on the content of the transport contract which had been recently reviewed, and the quality monitoring that was part of this. These concerns were raised by staff on all sites visited.

The clinical review team needs to see:

- *Confirmation the transport issue has been addressed*

(At the feedback session, Dr Ruth Brown reported this was the final area of communications)

Communication and engagement with Hammersmith Hospital staff

Some of the nurses had worked at Hammersmith Hospital for a long time and whilst some concerns were voiced about splitting, on the whole, staff were quite positive. The front line A&E staff supported the changes and highlighted the problems they had experienced with middle grade doctor recruitment. There was clear widespread clinical confidence that they were ready to go across the various staff levels. The team spoke to 3 junior Doctors in the A&E department who supported the changes. They felt that there had been good engagement and acknowledged that an enormous amount of work had been undertaken by the NHS Trust.

There was a process in place for raising concerns, and senior management confirmed they will be available 24/7 surrounding the move.

One GP in the UCC that the clinical team met was more anxious. Dr Tim Ladbrooke was aware of these anxieties and had action plans in place supported by ongoing testing in the UCC to alleviate GP anxiety. Enhanced training has also been put in place as described above.

St Mary's Hospital Site

The team visited the St Mary's Hospital site and met a number of key staff.

UCC St Mary's Hospital site

There are no anticipated changes to the St Mary's Hospital UCC following the closure. The team observed the UCC operates a different paediatric pathway to other UCCs in the North West London patch. The team were told the safeguarding IT system is not available in the A&E and as a consequence paediatric patients go from the UCC through to the paediatric A&E waiting area and are seen in the paediatric A&E by either A&E staff or the UCC staff. Changing this model has the potential to help capacity problems at St Mary's due to the UCC managing children who do not require secondary care.

There are mental health adult pathways in place at St Mary's Hospital and support will be sought from Charing Cross Hospital for patients with mental health issues. Escorts will be available for patient transfers.

St. Mary's Hospital communication and clinical engagement regarding proposed changes

Staff at St Mary's Hospital AMU were very well informed and engaged with regard to the services changes. They felt there were clear plans in place and they had clinical confidence that they are safe and workable. All staff that were spoken to were aware of the changes and were confident that they can be delivered. There was good evidence of clinical engagement. The clinical review team probed on nursing and Allied Health Professional (AHP) engagement and were advised by the Division Director of Nursing (Medicine and A&E) of the input of other professions into the implementation process. Staff interviewed were aware of and looking forward to the changes. Senior nursing staff at St Mary's Hospital who are responsible for the A&E said the NHS Trust was prepared with networks in place between Hammersmith Hospital and St Mary's Hospital.

Staff were also asked whether there were any outstanding areas of concern. They felt that staffing had been a risk but that this is now being resolved. Those staff spoken to (nurses and doctors) appeared to be briefed and supportive of the changes. The team found:

- Staff engagement was very good
- Staff were involved in the change process
- Staff were ready and prepared for the changes
- Meetings have taken place with staff on a regular basis

Workforce plans at St Mary's Hospital

Increases in nursing establishments which includes 7 day admin and clerical staff will be in place by the beginning of September 2014. This has been welcomed by staff who feel this will result in a reliable bed state which will be crucial in terms of monitoring. New investment has been agreed in medical staffing and this was evident through funding for additional consultant staff.

Currently at St Mary's Hospital there are 6.8 wte ED consultants. Trauma cover 24 hours but the night time rotas depend on contributions from ED, Anaesthetics and Surgeons – this appears to depend on good will. The consultant cover for ED 8 AM- 10 PM, week days and 6 hours a week at weekends. There is a plan to appoint 5 adult and 1 paediatric ED consultants.

- 1 in 8 rota for consultants (5 new consultants) 2 until 10pm, 1 until midnight and every 5th weekend 1 Consultant 8am – 8pm
- Nurse consultant said she has very prepared NPs. Recruitment an issue but plans in place to ' grow their own'
- A&E Medical staffing – new rota now in place

Induction and training plans for staff moving to other sites

All staff moving from the Hammersmith Hospital Emergency department to new sites/areas in the NHS Trust will be inducted. Vacant posts (such as reception staff) at the Hammersmith Hospital Emergency department have been filled with agency staff. New doctors starting on 6th August 2014 will receive induction with new arrangements. Training doctor rotas have been sorted and induction will take place for those nurses moving sites. Other staff including reception staff are being inducted. Nurses will be given a period of orientation when transferring to St Mary's Hospital A&E for a period of 2 weeks. Those staff that were interviewed confirmed that training is taking place.

Estate capacity St Mary's Hospital

There are number of issues relating to both the estate capacity and capability to undertake required improvements in a timely way.

St Mary's Hospital physical Capacity

- MAU in place - capacity deemed adequate but 'small department which takes 999 medical patients'

- Side rooms and infection control isolation facilities available in UCC

- UCC - very constrained in size despite expecting increase in activity. No plans to increase in size were evident

- Lewis Lloyd ward – this new ward will open by 10th September 2014. The Lewis Lloyd ward will support exit from MAU, daily ward rounds Mon – Friday. Consultant has been allocated and it will be fully staffed. The ward was visited by the clinical team. The NHS Trust has confidence that it will be ready for 10th September and staffed through a combination of: HCAs to be utilised for additional ward; seconded Band 6s; new band 8 and band 7; and contingency for extra nurses if needed whilst more are being recruited.

- St Mary's Hospital ambulatory care unit - Ambulatory care is transferring to another larger area supported by some additional resources which includes additional clinical staffing. The current service sees 6 to 8 patients a day and is run currently by A&E Doctors the Trust. They are looking at expanding capacity but this is not due to be implemented until the end of the year. The unit will need to be refurbished. In terms of staffing for this unit, they have Trust Doctors and a Band 6 nurse recruited to lead the unit referrals. These will be directed either from the Emergency department or the Single Point of Access phone line based at Hammersmith Hospital.

- New clinical site being planned for ambulatory care – this was visited by the clinical team. This site will see GP referrals and IV antibiotics staffed by ENP and Trust Doctors. There are plans to expand open hours and staffing will be from 8am – 6pm, (potentially longer) opening on 30th August 2014. The Tariff appears to be an issue.

- St. Mary's Emergency Department - Resuscitation area is old and crowded. There are 4 small cubicles. The mobile x-ray machine has to move down by a lift to get to a CT scanner. There will be one more resuscitation cubicle, 16 bays in majors (which are small with no hand washing in the cubicles).

Managing capacity

Assurance was given regarding improvements for patient flows. A new medical model at St Mary's Hospital will introduce twice daily ward rounds that are consultant delivered in MAU. There will be daily consultant rounds on other wards 5 days a week. The NHS Trust says they are struggling with some aspects of the 7 day services implementation plan, but they are working to improve weekend discharges and ensure they are planned ahead. The clinical view is that these changes will improve winter resilience, and that the current situation is not satisfactory. Some staff reported there are twice daily ward rounds by consultants for acute admissions and inpatient ward consultant ward rounds week days but junior doctors only at weekends. There appears to be some differences in views from staff regarding the extent to which weekend discharges are happening and full implementation of protocol led discharge is in place.

There are clear links with community teams and there are clear referral processes for social care packages etc. Older patients can access rapid access clinics.

Transfer protocols and LAS engagement / sign off of operational plans with LAS

Staff raised concerns regarding the internal transport capacity contract (DHL) and their ability to meet performance and contract targets. St Mary's Hospital has an inter-hospital transfer service in place, which is an independent service just below paramedic status.

Escalation regarding capacity issues St Mary's Hospital A&E and AMU

The clinical review team were told that there are daily bed meetings and MDT meetings along with an escalation operational plan / process that includes:

- Capacity reviews throughout the day
- Bed meetings throughout the day
- Clear escalation policies available to staff

The clinical review team needs to see:

- *Escalation policy*
- *Timescale for new ambulatory unit*

The clinical review team would like to see:

- *Timeframe for these new consultants to be recruited and in place and the contingency plan should they not be in place by December 2014 as envisaged*
- *Confirmation of timescales and plans for full implementation of 7 day working and ward rounds*

Charing Cross Hospital site

Urgent care centre sited Charing Cross

UCC CC

The UCC is co-located. Triage is undertaken by GPs. Paediatrics are seen in UCC and they are planning on increases of 10 to 15 attendees.

A&E & MAU

The A&E is experiencing the same issues with middle grade Doctors and recruiting consultants as experienced at Hammersmith Hospital. They are not expecting a significant increase in attendance to their A&E following the changes but are they planning on an increase of 10 to 15 patients a day, most of who will be triaged via the co-located UCC.

The MAU is expanding its capacity from 4 to 6 trolleys but all admissions still go through the A&E. It was not clear if there was the potential for focusing a GP pathway for direct referrals to assist A&E capacity. The Clinical Decision Unit has 10 beds, 2 of which are rooms and they have the ability to transfer patients to an assessment area with 12 trolleys if needed. The site has opened 15 additional beds and more are planned to add additional capacity subject to confirmation of funding.

Staff availability for training connected with closure implementation was questioned and their current compliance with mandatory training was reported on the ward as circa 70%. The overall uptake of mandatory training has not been formally requested.

They are developing increased ambulatory care space which will be in place by 10th September 2014.

The clinical team would like to see:

- *Confirmed plans for increased bed capacity at the Charing Cross Hospital site*

Safeguarding plans related to A&E closure at Hammersmith Hospital site

Staff said there was no change from the present position.

Arrangements for mental health issues

Mental health pathways are now in place. CaMHs go to Chelsea for further assessment even if there are no beds. There are currently discussions taking place regarding plans for staff escorting patients requiring transfer. The NHS Trust needs to work closely together to ensure smooth pathways between the organisations.

The clinical team would like to see:

- *Confirmation that this issue has been resolved*

Communications and staff engagement

Staff appeared well briefed and prepared for the closure of the A&E department at Hammersmith Hospital including any changes in patient flow as a result.

Transport issues

Staff at Charing Cross Hospital raised their concerns regarding the DHL transport contract which they feel is already struggling.

Issues raised by Education work stream

The NHS Trust felt that a number of training issues will be resolved by the proposed changes.

Risk register

The Trust assured they have captured all issues on their risk register.

The clinical team would like to see

- *An updated risk register*

Conclusion

The clinical review team would like to thank the NHS Trust and acknowledge the significant amount of work that has been undertaken at all levels to prepare for the A&E closures on the September 10th 2014. The purpose of the clinical visit was to triangulate 'hard' and 'soft' intelligence from a range of sources in order to assess state of readiness for planned changes including evidence of implementation plans in place.

The clinical review team acknowledged the huge amount of work that has been undertaken to prepare for the 10th September A&E closures. It was felt the executives and clinical directors have led a good clinical engagement process. Staff are very aware of the process and are indeed 'hungry' for it to happen after all the planning.

Based on the documents reviewed and the interviews with staff, the clinical team identified a number of risks for which the NHS Trust has shown to have a wide range of mitigation and contingency plans in place. There are still a number of key actions to be implemented over the next few weeks leading up to the A&E closure. These can be summarised as:

- Workforce
- Physical capacity (both A&E and ward capacity)
- Further implementation of mitigation strategies e.g. ambulatory clinics

The clinical review team fed back to the executives and senior Clinical leads at the end of the visit a number of key issues which will need to be addressed ahead of the planned change. The majority of these issues relate to St Mary's Hospital and Charing Cross Hospital ability to absorb the additional capacity, both in terms of physical capacity (where it is acknowledged space is tight) and also workforce in terms of recruiting extra consultants and ENPs in sufficient numbers. The Trust has a recruitment plan, but it is important for the NHS Trust to have additional plans for mitigating risk if there are any delays in filling these posts, particularly ahead of the winter period. The team also fully recognise and support the view that the A&E closure needs to take place on the 10th September 2014, as not proceeding would present an increased risk to patients.

A further risk will be managing the current anxiety of some of the GPs in the UCC on the Hammersmith Hospital site during the changes. The team were impressed by the amount of work that has been undertaken in relation to managing these risks, and noted the new pathways, training and testing that is in place. However, the clinical team have sought some more specialist expertise in the management of 'standalone UCCs to check whether there any other further actions that could be implemented to help alleviate any anxiety.

There are a number of key areas in the report where further confirmation and clarification have been requested. A brief summary of these were fed back directly on the day of the clinical site visit, and the team will need to review the NHS Trusts response to these (summarised in appendix 1) as soon as possible.

Appendix 1

Checklist for further information for clinical review team

Clinical review team need to see urgently from NHS Trust and Hammersmith UCC provider to complete the assurance process:

- UCC (Hammersmith site) escalation policy.
- UCC staff rotas for week beginning 8th September 2014 and training records
- Confirmation the in house transport issue has been addressed
- Confirmed time scales for new ambulatory care unit to be open (St Mary's site)
- Escalation policy A&E capacity St Mary's/Charing Cross sites
- Confirmation the issue raised regarding CaMHs transfers is resolved
- Confirmation of the signed of IFC isolation plans

The Clinical team needs to see:

LAS

Assurance that LAS workforce plans meet increased demand and confirmation that LAS has the capacity to meet response times

CLCH

Confirmation of vacancy levels, safe staffing policy and escalation, and competency assessment from CLCH

In addition the team would like to see when available:

- Updated risk register
- Confirmed final KPI's to be used
- Time frame for new consultant appointments St Mary's site, both A&E and medical to be recruited and in place, and contingency plan
- Confirmation of time scales plans for full implementation of 7 day working and ward rounds
- Confirmed plans for increased bed capacity re Charing Cross site
- confirmation of for the timeline for completion of the patient passport
- The Clinical review team would like confirmation whether proposals for 4 bed day ward discussions concluded

CCG

- Discussions to take place with CCG re UCC at St Mary's paediatric pathway

Appendix 2

Biographies of Clinical team

Denise Chaffer - Director of Nursing NWL Area Team – NHS England
RGN. RM, BA (Hons) MA –
Denise is a Registered Nurse and Midwife. She is a Professional Clinical Nursing and Midwifery leader with over 10 years Executive Director Experience in, two Acute Trusts and previously a Deputy Chief Nurse of a London Teaching hospital. She has significant experience at working at international, national and regional level within acute and community settings, nursing, midwifery, education, and on major change and reconfiguration initiatives

David Finch - Medical Director - NWL Area Team NHS England (
GP since 1988, Established Battersea Fields Practice in 1988
Joint Medical Director NHS Wandsworth 2002-2011
Joint Medical Director NHS SW London PCT Cluster 2011-2013
Medical Director Better Services Better Value 2011-2013
Chair Friends of Asha(GB) a Primary care and Development NGO working in the slums of Delhi

Sandra Gray - Clinical Adviser – TDA
Sandra is a professionally qualified Registered Nurse and experienced independent Clinical management consultant. She has held senior positions at regional and local levels in the NHS, including executive director of nursing and operations, project director and associate director of nursing for NHS West Midlands and NHS Midlands and East. Sandra regularly advises trusts and Clinical commissioning groups on strategy, the provision and governance of effective Clinical services associated with leadership, quality, patient safety and experience. She is currently a Clinical faculty member of the NHS Trust Development Authority.

Dr Susan La Brooy, MB, Bs, MD, FRCP Medical Director SAHF programme board
A consultant in Care of the Elderly and Acute Medicine at The Hillingdon Hospitals NHSFT and then Medical Director for 7 years. Also Associate Dean with lead responsibility for pan London Trust Liaison with the London Deanery till 2011. Worked at Trust, Region and National level on a variety of projects/programmes involving quality, service change and improvement with older people and acute services. Also involved with education and leadership development. Currently one of the Medical Directors for the Shaping a Healthier Future Programme at NW London.

Dr Susan McGoldrick, Vice Chair, H&F CCG
Dr Susan McGoldrick has worked as a GP partner in Shepherds Bush for 14 years in a large practice serving a diverse population with significant levels of socio economic deprivation. In practice she has a particular interest in palliative care and management of long term conditions. As Vice Chair of Hammersmith and Fulham CCG she leads on patient engagement and dementia . She is chair of the Imperial Health Care Trust Clinical Quality Group and co-chair of the Urgent Care Board.

Stan Silverman Deputy Medical Director TDA MD FRCS
Stan qualified from Birmingham University Medical School and undertook postgraduate training in General and Vascular surgery in the Midlands. He was a Consultant Vascular Surgeon in Birmingham and the Black Country between 1989 and 2013
Throughout his consultant career Stan held management and leadership posts including College Tutor, Postgraduate Clinical Tutor, Clinical Director, and Divisional Director for Surgery, Anaesthetics and Critical Care.

In 2010 Stan was appointed as Medical Director to West Midlands Strategic Health Authority (later Associate Medical Director to Midlands and East SHA) until 2013. Since April 2013 he has been Deputy Medical Director at the NHS Trust Development Authority.

Has lead major programmes for service reconfiguration regionally. Has a major interest in Hospital Mortality and developed a Mortality Collaborative in the West Midlands which had significant impact on mortality governance and service delivery in a number of Trusts. Stan has continued this interest in his work with TDA.

Marion Smith, RN, MSc, Fellow of the Chartered Management Institute
Marion is a Registered Nurse with a Clinical background in general and speciality surgical services. Experienced in Project management having delivered several large Clinical service projects, managed the Clinical operational commissioning of two £7m million capital projects and several Clinical services redesign initiatives. Educated to degree level, having successfully completed an MSc in Healthcare Management,

Debbie Stubberfield Clinical Quality Director (London)
Debbie took up post as Clinical Quality Director for London, for the NHS Trust Development Authority in April 2013. Previously she has held Executive Director of Nursing & Quality posts in a Primary Care Trust, Strategic Health Authority and Acute Trust. Debbie has a broad experience in nursing, having trained as a registered nurse and health visitor. She has particular expertise in developing quality systems and supporting senior staff to improve patient care and Clinical outcomes Debbie has a first degree in nursing and Masters in Health Sciences from St. George's Hospital Medical School, University of London.

Jonathan Webster, PhD, MSc, BA(Hons), RGN
Director of Quality, Nursing & Patient Safety, CWHHE CCGs
Jonathan qualified as a Registered Nurse in 1990 and has worked in acute and community services in England and Australia. Up until 2009 he worked as a Consultant Nurse, Older People at University College London Hospitals NHS Foundation Trust where he provided the Clinical therapeutic nursing lead for older people across the Trust encompassing acute general and tertiary services. Jonathan has been his current post since 2012, a key focus of his role is to work with commissioned providers on both quality improvement and Clinical assurance. Jonathan has undertaken bespoke work previously for the Royal College of Nursing; Parliamentary and Health Service Ombudsman and Care Quality Commission.

Appendix 3

Hammersmith site
Medical Assessment Unit
A&E
Urgent Care Centre

St Mary's site
Urgent Care Centre A&E
Clinical Decision Unit
Ambulatory Medical nit
Medical Assessment Unit (MAU)
New ward
New ambulatory ward

Charing Cross site
Urgent Care Centre
A&E
Clinical Decision Unit
MAU

Staff met on the Clinical Visit

Iain Taylor - General Manager Emergency Acute & Elderly Medicine
Jeremy Nobes - EU Transition Project Manager
Dr Humera Shaikh - Head of Speciality Acute Medicine
Joseph Matibenga - Senior Nurse Emergency Medicine
Med Bucktowonsing – (UCC) Service Manager
Samantha Sharkey – (UCC) Practice Manager
Prof Chris Harrison - Medical Director
Dr Bill Oldfield - Associate Medical Director Unscheduled Care
Prof Tim Orchard - Divisional Director of Medicine
Claire Braithwaite - Divisional Director of Operations, Medicine
Sally Heywood - Divisional Director of Nursing
Dr Ruth Brown - Chief of Service Emergency Care
Iain Taylor - General Manager for Emergency and Elderly Care
Dr Kevin Fox - Chief of Service Cardiology
Dr Jane Apperley – Chief of Service Haematology
Dr. Tim Ladbrooke – (UCC) Medical Director
Med Bucktowonsing – (UCC) Service Manager
Samantha Sharkey – (UCC) Practice Manager
Alison Sanders – ED Consultant, Charing Cross
James Bird – ED Senior Nurse, Charing Cross ED
Michael Burbidge – Service Manager, Charing Cross ED
Tim Rich – Acute and Elderly Medicine lead Nurse, Charing Cross
Oliver Excell – Charing Cross and Hammersmith Hospital Zone Manager, SaHF
Joseph Matibenga - Senior Nurse Hammersmith Emergency medicine
Lara Ritchie - ED Matron at St Mary's
Jo Fisher - Senior Nurse - Emergency Medicine , St Mary's
St Mary's Humera Shaikh - Acute Medical Consultant, Hammersmith
Hugh Millington - UCC Consultant cross
Jenny Turner - Ward Sister 4 south ward - Charing Cross
Joseph Shogun - Charge Nurse CDU Charing Cross
Faizal Subratty - Senior Staff Nurse on B1 Hammersmith Hospital
Felicito Simon - Senior Staff Nurse on B1 Hammersmith Hospital
Thelma Couchin - Staff Nurse Emergency Unit Hammersmith