NHS England / National Trust Development Authority:
Stage two assurance report on the planned A&E Department closures at Central Middlesex and Hammersmith Hospitals

Final Version
September 2014
Progress to date

This stage two report provides our latest assessment based on the evidence that was presented collaboratively by the SaFH Implementation Programme Board, on behalf of CCGs and providers in response to the recommendations from the stage one report. The stage two report also takes account of the clinical site visits which were held on 5th and 6th August, the output of which is attached as an accompanying annex.

Our assessment reflects the considerable work and planning that has been carried out by all the partners involved along with the significant progress which we feel has been made. We recognise that planning will continue through September to ensure the safe closure of Hammersmith and Central Middlesex Hospital A&E departments. Whilst our report focuses on the planned A&E closures, we acknowledge the wider work which is taking place to improve health services for local residents in North West London including plans for: a new walk-in health centre in Acton; seven day GP services; new hospital facilities equipped with 21st century technology and a new A&E department at Northwick Park Hospital.

Next steps

Subject to the recommendations in this report being taken forward, NHS England (London) and the NHS TDA are confident in the ability of the CCGs (including Brent and Hammersmith and Fulham, Ealing and Harrow) as commissioners of A&E and UCC services and the NHS Trusts (Imperial College Healthcare NHS Trust and The North West London Hospitals NHS Trust) to safely close Hammersmith and Central Middlesex Hospital A&E departments simultaneously at 9am on 10th September 2014.

Further assurance on the state of readiness for closure will be sought at the final review meeting on 3rd September including how those areas identified from this report are being taken forward. This meeting will involve the Shaping a Healthier team involving clinical and managerial representatives from the Trusts and CCGs.

The final decision to close must be made by the Governing Bodies and Trusts taking into account all evidence and recommendations received. Hammersmith and Fulham and Brent Governing Bodies made the following decision at their public meetings on 22nd July and 23rd July respectively: “Agree that the CCG is assured that changes to Emergency Unit services at Hammersmith Hospital agreed under the Shaping a
Healthier Future programme (in accordance with the decision of the Secretary of State on 30 October 2013) can take place safely from 10 September 2014.”

Both CCGs also agreed: “Authorise Hammersmith and Fulham CCG chair, CWHHE accountable officer and the chair of Hammersmith & Fulham CCG Quality and Safety Committee to advise the CCG’s Governing Body if any major/significant unforeseen clinical or building issue arise after the 22 July such as, in their opinion, the risks of implementation outweigh at that time the risks of delay.”

This final decision will be taken on 4th September 2014. An update on the state of readiness for closure will be provided at the SaHF Board on that date, highlighting any outstanding issues or risks to address. The final decision to assure closure will be made by the Accountable Officer, CCG Chair and Chair of Quality and Safety Committee of Hammersmith and Fulham and Brent CCGs, in line with the Governing Body resolutions and their Standing Orders immediately after the Board, taking into account all evidence and recommendations received. The decision will be read into the public record at the next available CCG Governing Board public meetings which are on 9th September and 24th September 2014 respectively.

Our assurance process

NHS England (London) and the NHS Trust Development Authority (NHS TDA) have put in place a joint assurance process with regard to our respective functions and responsibilities. For NHS England this includes having a statutory duty with regards to reconfiguration under section 13Q of The Health and Social Care Act 2006, as amended in the 2012 Health and Social Care Act as well as a statutory responsibility to ensure emergency preparedness and planning for London. The NHS TDA’s role is to ensure safe and effective services are provided by NHS Trusts.

Our assurance assesses the process and governance which has been put in place by the CCGs (including Brent and Hammersmith and Fulham, Ealing and Harrow) as commissioners of A&E and UCC services and NHS Trusts (Imperial College Healthcare NHS Trust and The North West London Hospitals NHS Trust) for implementing the planned closures of the two A&E departments at Hammersmith and Central Middlesex Hospitals.

Our assurance does not consider the clinical rationale or final decision to close. That decision was taken by the Secretary of State for Health following the outcome of the Independent Panel Review in October 2013. In addition, this assurance process does not seek to replicate the detailed implementation planning which is led by the Shaping a Healthier Future (SaHF) Implementation Programme Board.
A summary of our assurance activities can be found at annex A.

**Key**

**Red:**
Not met / Further action required

**Amber:**
Partially met / Further action required

**Green:**
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### Dashboard Summary Assessment

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<th>De Minimums Criteria Assurance Criteria</th>
<th>Assurance Sub criteria RAG</th>
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<th># Greens</th>
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<tr>
<td>1: North West London System Assurance</td>
<td>This section covers how well the plans are aligned in North West London</td>
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<td>2: Clinical Quality &amp; Safety</td>
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<td>3: Operational &amp; Capacity Planning Assurance</td>
<td>This section covers how the changes will be monitored and what plans are in place to ensure a safe and successful change to services</td>
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<td>4: Communications &amp; Engagement</td>
<td>This section covers our assessment of the plans to communicate the changes and ensure local patients, local residents and other key stakeholders are aware of the plans to change services</td>
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<td>5: Emergency Planning Resilience &amp; Response (EPRR) Assurance</td>
<td>This section covers how the Trust have reviewed their emergency plans and tested them in preparation for the changes</td>
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Assurance Overview and Recommendations

Considerable progress made since the stage one report. Many of the areas highlighted in the stage one report requiring further assurance have now been assured. In the stage one report there were 2 sub criteria were red (2%), 77 were amber (87%) and 10 were green (11%). At the time of this stage two submission, this has changed to 1 red (1%), 29 amber (33%) and 59 (66%) green (9 of those green are carried forward from stage 1). A few key residual risks remain and we would anticipate following the joint NHS England and NHS TDA review session on 26th August 2014 that we will be sufficiently assured to conclude that readiness for the closure of the two A&E departments at Central Middlesex Hospital and Hammersmith Hospital is at the level expected two weeks prior to closure. The key significant areas requiring assurance that cut across more than one assurance criteria are:

• Independent assurance of the adequacy of the pathways to support the stand alone UCC at Hammersmith Hospital in light of concerns expressed by a local GP who works at the UCC. It should be noted that the Medical Director of the UCC who is also a local GP is fully satisfied with the arrangements. The results of the independent review taking place on 22nd August should be available before the Delivery Group meeting on 26th August;
• The revised system resilient plans (SRPs) for Brent and Harrow and Central London, West London and Hammersmith and Fulham CCGs to reflect the robust system wide resilient planning and escalation arrangements;
• The revised Brent and Harrow SRP adequately supports achievement of an improved A&E performance trajectory at North West London Hospitals NHS Trust by the end of March 2015 or earlier. The SRP for Brent and Harrow CCG is currently “not assured”. A revised plan will be submitted to NHS England and NHS TDA on 22nd August 2014;
• An agreed joint improvement action plan for A&E services at North West London Hospitals NHS Trust has been agreed before 3rd September 2104. The NHS Trust is required to submit a revised action plan to commissioners on 29th August 2014.
• Confirmation that agreement has been reached between the between the Intensive Care Network and North West London Hospitals NHS Trust on the proposed pathway for Intensive Therapy Unit at Central Middlesex Hospital post A&E closure;
• Confirmation of sickle cell pathway and provision of services at CMH following a further meeting with patients and carers;
• Confirmation of availability of 22 beds in Carroll ward at Northwick Park Hospital from 10th September 2014;
• Confirmation that the London Ambulance Service will put in place sufficient capacity to meet planned increased demand;
• Removal of external signage to the two A&E departments by 9th September 2014;
• The North West London wide resilience planning system will include a surge exercise relating to emergency capacity as close to the closure as practicable.

A number of areas will turn green following meetings that will take place between 20th August and 4th September 2014. Prior to the planned NHS England and NHS TDA clinical challenge session on 3rd September 2014, the SAHF programme board will be asked to submit any outstanding

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evidence. The meeting on 3rd September 2014 will review any outstanding concerns relating to the priority areas above. Subject to adequate assurance on these areas, the NHS England and NHS TDA is recommended to support the NHS Trusts and CCGs to continue planning for closure on 10th September 2014 and for the SAHF Implementation Programme Board and Brent and Hammersmith and Fulham CCGs to make a final decision on 4th September 2014 on the state of readiness.

**Assurance Overview Areas of Strength Noted**

Robust KPIs and monitoring arrangements have been put in place to oversee and manage the system post closure of the two A&E departments. There is strong supporting programme management arrangements which is also evident in the system resilient management arrangements. Pathways between the UCCs and the A&E departments have been agreed and are being tested. Strong and effective governance is being observed through Trust Boards, Governing Bodies and SAHF Programme arrangements including a Clinical Board. The level of detailed planning, clinical engagement and staff support for the changes has been exemplary.

The communications programme has been well developed and executed. The communications are working well in practice, although feedback on communications with some third party/stakeholders indicate that it needs to be more frequent. Naturally there is a degree of unpredictability with some media issues arising and being dealt with reactively. There is confidence that all actions in the communications domain will be green by 10th September 2014.

Both Imperial College Healthcare NHS Trust and North West London Hospitals NHS Trusts have made good progress in addressing the Emergency Planning Resilience and Response issues highlighted in the stage one report.

**Assurance Overview Areas of Development Noted**

See recommendations

**Overall RAG Assessment**

Green (subject to assurance on outstanding areas)
# Criteria 1: North West London System Assurance

## Assurance Criteria

1. Fit with the overall strategic plans for North West London
2. Approval of plans approved by the relevant Quality and Safety Boards
3. Involvement of senior clinical staff in decision making and planning
4. Assumptions on implications for surrounding A&E and UCC departments
5. Involvement of Surrounding A&E departments in plans for Closure

## Assurance Sub Criteria

1.  
   a) Are plans on closure consistent with overall SaHF plans for Imperial College Healthcare and North West London Hospital NHS Trusts?  
   b) Are plans on closure consistent with the eight North West London CCG’s commissioning plans for Urgent and Emergency Care?  
   c) Are there any residual concerns / gaps still to be addressed?  
2.  
   a) Have the Imperial College Healthcare and North West London Hospitals NHS Trusts quality and safety governance process approved the plans for closure?  
   b) Has the SaHF Clinical Board approved the plans for closure?  
   c) Have the affected CCGs (i.e. Brent, Hammersmith and Fulham and Ealing) Quality and Safety governance process approved plans for closure?  
   d) Have quality and safety boards and senior clinical leadership within the NHS Trusts confirmed that new specification for UCCs at Central Middlesex and Hammersmith Hospitals have been tested and found fit for purpose?  
   e) What are the plans to monitor and evaluate ongoing performance (quality and activity) for both UCCs and the receiving A&E’s?  
3.  
   a) Has a senior consultant and senior nurse lead for each of the affected A&E Departments attended all of the project groups tasked with leading the closure from a Trust perspective?  
   b) Has internal discussion taken place with other clinical departments to understand the impact of the closure for example with Pathology or...
4. a) What assumptions have been made about the implications for surrounding A&E and UCC departments in terms of attendances and admissions?  
   b) What assumptions / modelling has taken place to assess performance trajectories (A&E four hour target) on surrounding A&E’s?  
   c) How have these been tested in terms of sensitivity /impact /risk /thresholds on neighbouring Trusts?  
   d) Have existing patient activity and pathways been mapped e.g. to assess the impact of seasonal variation?

5. a) How have the clinical staff from other surrounding hospital sites been involved in planning discussions to close the A&E departments? Are clinical staff fully signed up and engaged?  
   b) Given the levels of concern about the impact on Ealing Hospital what additional actions /assurance has been sought about the ongoing performance at this hospital?  
   c) How have management staff from surrounding Trusts been involved in the plans for closure of the A&E departments? Are Trust management staff fully signed up and engaged?  
   d) Have risk logs and actions been agreed as a result of this involvement? Where do these get reported to?  
   e) What is the system wide governance and accountability?  
   f) GP and 111 Communication  
      i. Regarding advice and not just send to A&E, and removing fundamental reliance on A&E  
      ii. Will GP out of hours cover need to increase?

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<tr>
<th>Assurance Criteria</th>
<th>Sub Criteria</th>
<th>Stage 1 RAG</th>
<th>Stage 1 Assurance Recommendations</th>
<th>Stage 2 RAG</th>
<th>Stage 2 RAG Explanation</th>
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<tbody>
<tr>
<td>1. Fit with the overall strategic plans for North West London</td>
<td>a) Are plans on closure consistent with overall Shaping a Healthier Future (SaHF) plans for Imperial College Healthcare and North West London Hospital NHS Trusts?</td>
<td>Green</td>
<td>No further action</td>
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b) Are plans on closure consistent with the eight North West London CCG’s commissioning plans for Urgent and Emergency Care?

CCGs to confirm how they will continue to monitor and evaluate the impact of out of hospital Services to ensure that local residents are informed and confident about a safe and clinically appropriate alternative to an A&E visit for a more minor illness or injury. Information on these service.

Both UCCs now working to the North West London specification prior to closure. Weekly Operations Executive will monitor impact of UCCs pre and post A&E closures.

SAHF Implementation Programme Board tracks progress on implementation and impact of out of hospital services. Clinical quality dashboard in place.

CCGs also track implementation and effectiveness of out of hospital services.

Extensive communication campaign started on 28th July for patients affected by changes at Central Middlesex Hospital and Hammersmith Hospital.

c) Are there any residual concerns / gaps still to be addressed?

A core part of the communication strategy should focus on alternative services to A&E to ensure that the local population are aware. Uptake of these services should be continually monitored. We would also recommend to the SaHF Implementation Board that the information developed is in plain straightforward language that everybody can understand and is distributed very widely to ensure that as many people as possible are informed. We could recommend this includes information being sent to every household.

Extensive communication campaign started on 28th July for patients affected by changes at Central Middlesex and Hammersmith Hospitals. Includes information being sent to 280,000 households in the target area.

Evidence submitted demonstrates communications material has been tested with the public prior to circulation including clear and simple messaging.

The communications plan included two evaluation phases to assess whether the messaging is being understood. These will take place in August and September 2014 and will inform further communications.

Usage of UCCs will be included in the Operations Executive KPIs monitored weekly.

2 Approval of plans approved by the relevant quality and safety boards

a) Have the Imperial College Healthcare and North West London Hospitals NHS Trusts’ quality and safety governance process approved the plans for closure?

Confirmation required that the North West London Hospitals NHS Trusts’ quality and safety committee have discussed the plans for closure. It should however be noted that the Trust Board itself has had the opportunity to discuss plans and comment.

Our expectation is that this will all be encompassed in a final paper to the board which due July 2014 Board.

North West London NHS Hospital Trust Board reviewed and approved the A&E department closure in July 2014. This included consideration of safety aspects. The quality and safety aspects have also been considered by the A&E closure project.

Further action required to move to green:
- Finalisation and approval of pathways at Central Middlesex Hospital for intensive care and sickle cell patients
- North West London NHS Hospital Trust Quality and Safety Committee approving the pathways on 5th
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### September 2014.

**Update:** The pathway for sickle cell was agreed.

Additional independent assurance on the provision of ITU beds at CMH was sought from the NW Intensive Care Network. The report was received on 28 August with an action plan. NHSE/TDA was assured on the retention of level 3 ITU beds at CMH subject to Brent CCG and NWLHT agreeing to implement the recommended action plan in full to support an interim solution pending the right critical care capacity being available on the Northwick Park Hospital Site.

The Chief Officers confirmed:
1. items 2 to 7 of the plan would be actioned before 10 September;
2. monitoring of the action plan would be undertaken through the Brent CCG and NWLHT Clinical Quality Group;
3. regular reports would be taken to the SAFH Clinical Board and SAHF Implementation Programme Board on progress with the action plan and progress with the business case to develop additional ITU beds on the NPH site.

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<p>| b) Has the SaHF Clinical Board approved the implementation plans for closure? | Prior to final closure it is recommended that the SaHF Clinical Group review all actions to date and give final assurance to CCGs and both NHS Trusts on the state of readiness to close. This final review should include reviewing the recommendations from this report. SaHF Implementation Programme Board to confirm date of final sign off in light of NHS England and NHS TDA report and second clinical challenge session. | Hammersmith and Fulham and Brent CCGs supported the closure of the two A&amp;E departments on 22nd and 23rd July 2014 respectively subject to readiness continuing as planned. Final assessments on readiness will be undertaken on by SAHF Clinical Board and SAHF Implementation Board on 4th September 2014. ACs, Chairs and Chairs of Quality and Safety Committees for Brent and Hammersmith and Fulham CCGs, as delegated by their Governing Bodies will make a final decision on supporting the closures on 4th September 2014 and report the outcome of these deliberations to the next Governing Body meeting held in public. |</p>
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<th>c) Have the affected CCGs (i.e. Brent, Hammersmith and Fulham and Ealing) quality and safety governance process approved plans for closure?</th>
<th>SaHF Implementation Programme Board to confirm CCGs plans for sign off and approval of plans in accordance with agreed governance structure.</th>
<th>Hammersmith and Fulham and Brent CCGs Governing Bodies supported the closure of the two A&amp;E departments on 22nd and 23rd July 2014 respectively subject to readiness continuing as planned. It was agreed that the CCG Chairs, AOs and Chairs of CCG Quality and Safety Committees would reconvene to review the situation if any significant risks relating to implementation were identified.</th>
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<tr>
<td>d) Have quality and safety boards and senior clinical leadership at Imperial College Healthcare and North West London Hospitals NHS Trusts confirmed that new specification for UCCs at Central Middlesex and Hammersmith Hospital have been tested and found fit for purpose?</td>
<td>The new UCC service specification is currently being tested prior to the final decision on readiness to close. It is recommended that the SaHF Clinical Board review outputs from pathway testing, recruitment, new protocols and confirms these are fit for purpose and the UCCs are appropriately commissioned, staffed and set up to provide 24 hour, 7 day stand-alone services from September 10th.</td>
<td>The revised UCC specifications have been in place at Hammersmith Hospital since 9th July 2014 and at Central Middlesex Hospital since 10th July 2014. SAHF Clinical Board reviewed the outputs from pathway testing on 21 July 2014. Further action required to move to green: • Confirmation from SAHF Clinical Board that UCCs are ready prior to closure of A&amp;E departments Confirmation from independent review of Hammersmith UCC pathway on 22 August 2014 Update: Confirmation of readiness of UCCs received at SAHF Implementation Board on 4 September 2014. NHSE/TDA received an independent report from Dr Simon Eccles on the safety of the pathways supporting the stand alone UCC. The review concluded that the proposed support for the Urgent Care Centre, in the event of a very ill patient presenting or a patient deteriorating on site, was comprehensive and safe. The support exceeds that of most UCCs, with staff able to call on resuscitation team support 24 hours a day. The NHSE/TDA was assured on the safety of the pathways subject to implementation of the 8 recommendations made in the report.</td>
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Daniel Elkeles SAHF SRO, and the lead clinical managers for LCW Dr Tim Ladbrooke and Imperial Urgent Care Dr Ruth Brown confirmed support to all eight recommendations with slight modification to the specification to the resuscitation trolley in the SMAC. This modification was supported by NWL Area Medical Director.

e) What are the plans to monitor and evaluate ongoing performance (quality and activity) for both UCCs and the receiving A&Es?

SaHF Clinical Board to confirm that all planned reporting processes have started prior to the closure decision and CCGs and Trusts are receiving necessary information prior to closure. There is a process in place but it is recommended that further consideration is given to strengthen quality indicators that are regularly monitored.

Monitoring processes include:
- Winter sitrep calls from 8th September 2014
- Weekly Operations Executive
- NWL wide reporting covering patient safety, access and national target compliance.

Indicators have been strengthened to include more quality and patient experience measures.

3 Involvement of senior clinical Staff in decision making and planning

a) Has a senior consultant and senior nurse lead for each of the affected A&E Departments attended all of the project Groups tasked with leading the closure from a NHS Trust perspective?

Although Directors of Nursing by virtue of Board responsibilities must be involved in the planning and oversight of this work, further evidence is required that each of the NHS Trusts Directors of Nursing have reviewed and agreed the new model of care.

Confirmation received that the Director of Nursing at North West London NHS Hospital Trust has attended the Board meetings which approved all new pathways.

Divisional Director of Nursing at Imperial College Healthcare NHS Trust has been a member of the clinical pathways project board, the Hammersmith Emergency Unit closure Committee and UCC work stream.

Evidence received that clinical pathways project team at IHCT approved the revised pathways.

The Clinical Visit confirmed nursing support for revised pathways.
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<th>b) Has internal discussion taken place with other clinical departments to understand the impact of the closure for example with Pathology and X-ray?</th>
<th>Further clarification is required to confirm that an assessment has been made of any additional impact on support services. The SaHF Clinical Board should monitor preparedness on pathways to be confirmed). Clinical visits planned for early August to confirm with staff their understanding of new pathways for sickle cell acute crisis management and for cardiac arrests in the UCC. The critical care at Central Middlesex Hospital has taken diverted patients from Northwick Park Hospital. Confirmation will is needed from the SaHF Clinical Board and endorsed by the critical care network on the impact of changes on critical care at Central Middlesex and Northwick Park Hospitals.</th>
<th>Both North West London NHS Hospital Trust and Imperial College Healthcare NHS Trust have assessed the impact of the closure of A&amp;E departments on other clinical departments. Staff at the two UCCs understand how to manage cardiac arrests in the UCC. This sub criteria will turn green when the pathways for the Intensive Care Unit, medical and sickle cell pathways at Central Middlesex Hospital are approved by the following respective bodies: SAHF Clinical Board on 21st August 2014, and Critical Care Network and Central Middlesex Hospital A&amp;E closure project board, NEL steering group on 26th August 2014 and North West London NHS Hospital Trust Board on 27th August 2014. <strong>Update</strong>: Pathways for intensive care at CMH and sickle cell at NWLHT were approved by the Trust.</th>
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<td>c) Have the plans been signed off by the medical director and director of nursing at Imperial College Healthcare NHS Trust and North West London Hospitals NHS Trust?</td>
<td>No recommendations beyond those already planned.</td>
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### 4 Assumptions on implications for surrounding A&E and UCC Departments

**a) What assumptions have been made about the implications for surrounding A&E and UCC Departments in terms of attendances and admissions?**

Further testing of assumptions is required once the UCC’s become operational on a 24 hour, 7 day basis. Based on the new UCC service specification further reviews should be undertaken to ensure that modelling assumptions are reliable.

The SaHF Clinical Board should keep Ealing Hospital Trust performance under review and continue to test that this assumption remains correct.

**b) What assumptions /modelling has taken place to assess performance trajectories (A&E four hour target) on surrounding A&Es?**

Additional information is requested to confirm that Imperial College Healthcare NHS Trust, post changes, will continue to meet the 95% performance trajectory target during 2014/5 at St Mary’s Hospital.

For Northwick Park Hospital, the North West London Hospitals NHS Trust should provide an updated trajectory setting out planned improvements in performance to achieve the 95% target during 2014/15.

### Monitoring processes covering UCC and Ealing Hospital include:

- Winter sitrep calls from 8th September 2014;
- Weekly Operations Executive;
- North West London wide reporting covering patient safety, access and national target compliance.

Further UCC monitoring is also taking place at CCG and provider level up to and after the immediate closures of the A&E departments.

North West London system monitoring dashboard and Operations Executive KPIs received.

### Additional information required:

- Hammersmith and Fulham CCG and Imperial College Healthcare NHS Trust are in discussion about additional support in St Mary’s Hospital A&E department to ensure the 95% target is maintained post Hammersmith Hospital A&E closure.

North West London Healthcare NHS Trust with Brent and Harrow CCGs have agreed and are implementing a joint improvement action plan relating to Northwick Park Hospital A&E performance.

Further action required:

- Confirmation 95% trajectory at St Mary’s will be maintained
- Submission of revised trajectory for North West London Healthcare NHS Trust and joint improvement action plan

### Update:

ICH confirmed that they will deliver the 95% trajectory Trust wide.

NHS/TDA reviewed the trajectory submitted as part of the SRP and noted that:

- The trajectory for type 1 and all types on the Northwick Park site for Q3 and Q4 2014/15 is improved over Q3 and Q4 2012/13 and 2013/14
- This improvement was to be sustainable over winter 14/15 and beyond.
- This improvement was supported by the

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| c) How have these been tested in terms of sensitivity /impact /risk /thresholds on neighbouring NHS Trusts? | opening of 22 additional acute beds from 10 September and the SAHF clinical case for change by consolidating the current A&E services at CMH and NPH on the NPH site.  
- the merged Trust was expected to achieve the 95% standard for all types from 1st April 2015.  
- The standard of 95% for all types on NPH site could not be achieved sustainably until an additional 66 acute beds came on stream in November 2015 subject to TDA approval of the business case.  
As part of the regional tripartite SRP escalation meetings, further discussions will ensue on the optimisation of performance over the 2014/15 winter period and how the 95% standard could be delivered in the near future.  
- It is recognised that this is a work in progress and not yet completed. Once the contingency plan is completed this should ensure that sufficient mitigations are in place to provide any additional capacity required.  
It is noted that this item is regularly reviewed by the SaHF Implementation Programme Board and Clinical Board. They should confirm to NHS England, NHS TDA, CCGs and all NHS Trusts in North West London that they are satisfied that the system wide alignment plan is robust and consistent with other planning assumptions. This includes alignment with local system wide resilience plans which are currently being developed and submitted to NHS England by the 30th July 2014.  
NHS England and NHS TDA will also review for consistency in terms of planning assumptions around the A&E.  
The North West London NHS Hospital Trust System Operational Group has been formed to manage demand and capacity across North West London. The winter sitrep calls will be in place from 8th September 2014 and the Operations Executive are meeting weekly from the 8th August 2014.  
All System Resilience Groups submitted their system resilience plans on 30th July 2014.  
Further action required to move to green:  
- Receipt of both System Resilience Plans (SRPs) for Brent and Harrow and Central, West London and Hammersmith and Fulham CCGs including details of North West London wide resilience and escalation planning;  
- Confirmation that all North West London NHS Hospital Trust identified schemes in the Brent and Harrow CCG SRP are funded and will go ahead.  
Update: Brent and Harrow SRP and Triborough SRP refer to the NWL escalation and surge planning.  
Terms of reference for the weekly operations executive have |
closures and system resilience plans and for a clear plan for how the mitigations in place to ensure trajectories are met. been reviewed and the supporting KPI dashboard. Plans for daily NWL wide meetings from 8 September were noted.

The Chief Officer for Brent and Harrow CCGs and the Chief Executive confirmed on 2 September that the revised SRP submitted on 22 August and the schemes identified for funding from the central funding were supported both by Brent and Harrow CCGs and NWLHT.

The funded schemes identified in the SRP were agreed with SRG members as having the greatest impact on A&E performance.

NWLHT NHS Trust was supportive of the community capacity which has been funded with the SRG money and does not see that funding the Trust schemes operationally over these would see increased benefit, all capacity must remain and funding be resolved.

NHSE/TDA were assured on the schemes funded by the System Resilience Funding.

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d) Have existing patient activity and pathways been mapped such as assessing the impact of seasonal variation?

Further assurance is required to confirm that there is an agreed risk assessment in place to ensure that patients moving between Northwick Park and Central Middlesex Hospitals have been risk assessed. Further assurance is also required to confirm what cardiology support is being put in place once the critical care unit at Central Middlesex Hospital closes, particularly as most of these are elderly patients with a range of co-morbidities.

Confirmation is needed that:

a) The pathways referred to in the review meeting on 1st July 2014 by Dr Nigel Stevens around sickle cell and cardiac arrest in place and undergone testing
b) Arrangements to support older people transferred to Central Middlesex Hospital from Northwick Park Hospital for on-going care, and that those with cardiology problems will have access to cardiology care post A&E closure.

Details have been provided on support for Intensive Care Unit at Central Middlesex Hospital.

This sub-criteria will turn green once the pathways for the Intensive Care Unit, medical and sickle cell pathways at Central Middlesex Hospital are approved by the following respective bodies: SAHF Clinical Board on 21st August 2014, and Critical Care Network and Central Middlesex Hospital A&E closure project board, NEL steering group on 26th August 2014 and North West London NHS Hospital Trust Board on 27th August 2014.

Update: see 2a.

5. Involvement of surrounding A&E Departments in plans for closure

a) How have the clinical staff from other surrounding hospital sites been involved in planning discussions to close the two A&E Departments? Are clinical staff fully signed up and engaged?

Further confirmation is needed from the SAHF Clinical Board that all Clinical Directors for Emergency Care in neighbouring NHS Trusts are aware of plans and that closure plans have been discussed internally.

All receiving hospitals have been involved in planning for the changes. All NHS Trusts in North West London are also represented at the SAHF Clinical Board. Clinical leads for emergency care are involved in the closure arrangements through the Emergency and UCC Implementation Group. In addition all Emergency Department clinical leads were informed of the changes in writing on 5th August 2014.

Further action required to move to green:

- Confirmation of support by the Emergency Department clinical leads and that plans have been discussed within the hospital.

Key

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5
| b) Given the levels of concern about the impact on Ealing Hospital Trust what additional actions/assurance has been sought about the ongoing performance at this hospital? | Confirmation is required from the SaHF Clinical Board that it has undertaken a further review of Ealing Hospital Trusts position in light of these plans and to confirm that it is satisfied that all reasonable steps have been taken to ensure the resilience of Ealing A&amp;E and UCC Departments in the immediate period following the transition.

The SaHF Clinical Board is also asked to confirm that it will continue to monitor key operational targets e.g. 95% A&amp;E trajectory in the immediate post-transition period. | The modelling underpinning patient flows post closure were considered by Ealing CCG Governing Body on 23rd July 2014. The CCG agreed the impact on Ealing Hospital Trust was likely to be minimal.

Monitoring of A&amp;E and UCC performance will consist of:
- Winter sitrep calls from 8th September
- Weekly Operations Executive review meetings
- North West London System Operational Executive

Further action required to move to green:
- both SRPs for Brent and Harrow and Central, West London and Hammersmith and Fulham CCG including details of North West London wide resilience and escalation planning
- confirmation of maintained 95% A&amp;E performance trajectory at St Mary’s Hospital
- revised trajectory for North West London NHS Hospital Trust

Update: see 4c and 4b |

| c) How have Trust management staff from surrounding NHS Trusts been involved in the plans for closure of the two A&amp;E Departments? Are NHS Trust management staff fully signed up and engaged? | There is good evidence of involvement of surrounding Trusts at a Senior Executive Level with work being led by COOs from neighbouring Trusts, for example The Hillingdon Hospital and Chelsea & Westminster support closure plans. It is assumed that this group will continue and therefore no further actions are required. | --- |

**Update:** Confirmation letters received from all acute providers and CNWL, West London Mental Health Trust and CLCH Trust.
| d) Have risk logs and actions been agreed as a result of what the logs (registers) contain? Where do these get reported to? | The SaHF Implementation Programme Board should review risk reporting arrangements to ensure that all NHS Trust and CCG respective risk registers have captured the level of risks and mitigations accurately. Hammersmith and Fulham and Brent CCG Governing Bodies should assure themselves that both Imperial College Healthcare NHS Trust and North West London Hospitals NHS Trust mitigated identified risks during the transition period. | The risk reporting arrangements for both Trusts are comprehensive and the risks are reviewed through their governance arrangements on a regular basis. The SAHF Clinical Board and Implementation Programme Board regularly review programme risks. Brent and Hammersmith & Fulham CCGs Governing Bodies assured themselves of Trust plans to mitigate delivery risks at their meeting in July 2014. |
| e) What is the system wide governance and accountability? | No further action | |
| f) GP and 111 Communication  
  o Re advice and not just send to A&E and removing fundamental reliance on A&E  
  o Will GP out of hours cover need to increase? | SaHF Programme Implementation Board to ensure, as part of its communications plan, that all GP’s are given pro-active advice on the changes to A&E services at Central Middlesex and Hammersmith Hospitals and including alternative local services. | The communications plan includes regular communication to every Brent and Hammersmith and Fulham GP practice including letters, newsletter and GP forums between June and November 2014. |
Criteria 2: Clinical Quality & Safety

Assurance Criteria

1. Staffing arrangements in place for the UCCs at Hammersmith Hospital and Central Middlesex Hospital and affected organisations in secondary and primary and community care
2. Policies and procedures: Escalation & referral pathways and transfer arrangements
3. Safe and high quality education and training including training rotas agreed and clarified
4. Clear system for triage and transfer
5. Software systems for safe transfer of patient information
6. Responsiveness to patient feedback during transition, including complaints across North West London Trusts
7. Safeguarding adults and children
8. Trust Board Clinical governance Assurance
9. Learning from the Chase Farm Hospital A&E closure and serious incident investigation over child death
10. Consequences of not being assured around the safety of the closure
11. Training programme

Assurance Sub Criteria

1.
   a) Are arrangements for staffing levels sufficient for expected patient flows through the UCCs
   b) Assurance that staffing arrangements incorporate appropriate skill mix, staff and experience
   c) Are senior NHS Trust clinical leadership and CCGs satisfied that staffing plans have an appropriate balance between permanent and agency/bank staff?
   d) Hospital at night – Is there confidence in out of hours senior cover and escalation?
   e) What are the plans for overall assurance and workforce due diligence such as existing numbers of staff? Are there gaps? Is there a staffing escalation process?
2.
   a) Are there clear escalation pathways for patients requiring immediate admission or review in place for staff in the UCCs?

Key

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b) What is the policy for patients who turn up expecting there to be an A&E such as ambulatory patients?

c) Are escalation & referral routes agreed with A&E departments at Northwick Park Hospital (and other trusts), including immediate escalation and transfer of patients requiring emergency acute admission?

d) Is there common escalation in place?

3. 

a) Arrangements in place to ensure staff in the UCCs have appropriate training, knowledge and competency to provide a safe service

b) Reception and support staff receive appropriate training including basic life support training and identification of patients who need rapid escalation

4. 

a) UCC clinical and support staff competency in assessment of patients on arrival including reception staff

b) What is the policy for patients who turn up expecting there to be an A&E such as ambulatory patients?

5. 

a) How has interoperability between UCC and NHS Trust systems been assured if providers are from different organisations? How has interoperability been tested with and between UCCs and community and GP systems?

b) Are the London Quality Standards going to be used for inter-hospital standards?

6. 

a) Sufficient planned capacity in place to ensure a timely response

7. 

a) Impact on vulnerable adults and children understood

b) Demonstrate plans for compliance with NHS Trust safeguarding policies at UCCs

c) Appropriate communications with vulnerable groups about service changes access and support

8. 

a) Evidence that clinical governance, quality and safety has been reviewed and signed off at NHS Trust Board level

b) Is there a common key performance indicator framework to monitor quality and safety?

9. 

a) Evidence of how the learning from the final report on the child death at Chase Farm Hospital has been reviewed and fed into the preparations for closure

10. 

a) Understanding of consequences of delay to closing the two A&E Departments

b) Understanding consequences on surrounding hospitals and their readiness to receive displaced activity

c) Assessment of impact/consequences of one unit only closing first

---

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**d) Are there any outstanding concerns about remaining quality and safety issues?**

<table>
<thead>
<tr>
<th>Assurance Criteria</th>
<th>Sub Criteria</th>
<th>Stage 1 RAG</th>
<th>Stage 1 Assurance Recommendations</th>
<th>Stage 2 RAG</th>
<th>Stage 2 RAG Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Staffing arrangements in place for UCCs at Hammersmith and Central Middlesex and affected organisations in secondary and primary and community care.</td>
<td>a) Are arrangements for staffing levels sufficient for expected patient flows through the UCCs</td>
<td>Green</td>
<td>Further evidence is required to confirm that Central Middlesex Hospital UCC staffing levels are in line with the UCC specification. This should include support and clinical staff arrangements. SaHF Implementation Programme Board should review and provide the results of testing on new pathways at the UCCs on both sites. SaHF Implementation Programme Board to confirm with Hammersmith Hospital the appointment of the Emergency Nurse Practitioner as outlined in their documentation. Further clarity is required around which services will remain for patients at the Central Middlesex Hospital post A&amp;E closure. Hammersmith were explicit on the capital needs at St Mary’s Hospital. SaHF Implementation Programme Board need to provide updated workforce plans to staff these beds Additional assurance will be sought as</td>
<td>Amber</td>
<td>The clinical review team visited Care UK UCC and met the site manager, regional Manager, senior nurse, primary care medical director, site clinical lead and site training lead. The UCC staff were very positive and confident in their ability to deliver to the new UCC specification which is currently operating in shadow form. The A&amp;E department has been closed during the night for some time, and they feel prepared for the need to increase cover during the day to accommodate the changes. They have a current vacancy of 2.4 wte GP’s, which they cover with their own internal bank - they do not use locums. Their nurse recruitment has been successful. All new staff have two week induction pathways and undergo mandatory training. At the Hammersmith Hospital UCC the clinical team were told there were no GP vacancies, the senior nursing manager was confident they were prepared for the proposed changes. They use Emergency Nurse Practitioners (ENP’s) from the Central London Community Health NHS Trust, plus they use regular agency ENP’s 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</td>
</tr>
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</table>

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11.

a) Is there a training programme/induction programme being arranged by the NHS Trusts to support the changes?

b) Have discussions taken place with Health Education England / Local Education Training Boards to confirm the implications for student training at Trusts?
<table>
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<tr>
<td>b) Assurance that staffing arrangements incorporate appropriate skill mix staff and experience</td>
<td>SaHF Implementation Programme Board are asked to confirm with Central Middlesex that their staffing arrangements meet the UCC specification. SaHF Implementation Programme Board are asked to review and provide the results of testing on new pathways at both Central Middlesex and Hammersmith Hospitals. Additional assurance will be sought when clinical site visits are conducted by NHS England and CCGs on 5th and 6th August.</td>
<td>See above. The pathway testing process was shared with the clinical teams at both Central Middlesex and Hammersmith Hospitals. Further detail on this issue can be found in accompanying clinical report from the site visits. Further action required to move to green: • Receiving a copy of the UCC rota for the week commencing 8 Sept</td>
</tr>
<tr>
<td>c) Are senior NHS Trust clinical leadership and CCGs satisfied that staffing plans have an appropriate balance between permanent and agency/bank staff</td>
<td>SaHF Implementation Programme Board to ask for detailed information on progress against recruitment plans by Central Middlesex and Hammersmith Hospitals to increase the number of permanent UCC staff.</td>
<td>During the clinical site visits concerns were raised about recruitment challenges of London Ambulance Service staff. Further action required to move to green: • Assurance is required that London Ambulance</td>
</tr>
</tbody>
</table>

part of the planned clinical site visits in early August.

nurses). Training plans have been completed and they have two new nurses starting next week who will undertake an induction programme for 1-2 weeks.

Clarity was provided on the site visit around which services will remain for patients at the Central Middlesex Hospital post A&E closure - see accompanying clinical reports from the site visits.

Hammersmith Hospital Emergency Nurse Practitioner has now been appointed - see accompanying clinical reports from the site visits.

Clarity was provided on workforce plans to staff beds at St Mary’s Hospital - see accompanying clinical reports from the site visits.

Further action required to move to green:
- Receiving a copy of the UCC rota for the week commencing 8 Sept
<table>
<thead>
<tr>
<th>d) Hospital at night – Is there confidence in out of hours senior cover and escalation</th>
<th>SaHF Implementation Programme Board is asked to review and provide the results of testing on new pathways at both Central Middlesex and Hammersmith Hospital UCCs. Additional assurance will be sought through the planned clinical site visits in early August.</th>
<th>The pathway scenario testing is ongoing at both Central Middlesex and Hammersmith Hospital. Further detail on this issue can be found in accompanying clinical report from the site visits. Both sites have senior cover at night for emergencies. Further action required to move to green: - Confirmation of UCC escalation policies at Hammersmith and Central Middlesex Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>e) What is the plan for overall assurance and workforce due diligence such as existing numbers of staff? Are there gaps? Is there a staffing escalation process?</td>
<td>SaHF Implementation Programme Board are requested to further review staffing plans for both Central Middlesex Hospital and Hammersmith Hospital UCCs and clarify what further mitigations are required.</td>
<td>Further detail on this issue can be found in accompanying clinical report from the site visits. Further action required to move to green: - Receiving a copy of the UCC rotas for the week commencing 8 Sept</td>
</tr>
<tr>
<td>7 Policies and procedures: Escalation &amp; referral pathways and transfer arrangements a) Are there clear escalation pathways for patients requiring immediate admission or review in place for staff in the UCCs?</td>
<td>SaHF Implementation Programme Board are asked to share the results of testing for review. SaHF Implementation Programme Board are asked to confirm that the updated operational polices for both Central Middlesex Hospital and Hammersmith Hospital UCCs are signed off by London Ambulance Service and communicated to all staff and that the agreed training programme</td>
<td>A concern was raised at St Marys Hospital with respect to internal transport issues. Further detail on this issue can be found in accompanying clinical report from the site visits. The clinical team had detailed discussions at both NHS Trusts regarding a number of clinical pathways. The clinical reports highlight issues at Central Middlesex Hospital relating to level 3 critical care and plans for patients with sickle cell. Further action required to move to green:</td>
</tr>
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25
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<tr>
<td>b) What is the policy for patients who turn up expecting there to be an A&amp;E such as Ambulatory patients?</td>
<td>SaHF Implementation Programme Board are asked to share the results of testing as part of a further review of assurance</td>
<td>Assurance has been provided. Further detail on this issue can be found in accompanying clinical report from the site visits.</td>
<td></td>
</tr>
<tr>
<td>c) Are escalation &amp; referral routes agreed with A&amp;E Departments at Northwick Park Hospital (&amp; other NHS Trusts), including immediate escalation and transfer of patients requiring emergency acute admission?</td>
<td>SaHF Implementation Programme Board are asked to confirm that the updated operational policies for both Central Middlesex Hospital and Hammersmith Hospital UCCs are signed off by London Ambulance Service and communicated to all staff and that the agreed training programme is completed.</td>
<td>The clinical site visits identified recruitment issues and attrition of London Ambulance Service staff. Further detail on this issue can be found in accompanying clinical report from the site visits.</td>
<td></td>
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</table>

Further evidence with respect to clinical pathways is required on the following:
- Confirmation of resolution of Sickle cell patients service at Central Middlesex Hospital
- Critical care level 3 issues, risks and contingency at Central Middlesex Hospital
- Critical care network sign off of the proposed level 3 ICU remaining at Central Middlesex Hospital
- Discussions with Hammersmith Hospital critical care unit regarding repatriating their renal patients.

Further action required to move to green:
- Assurance is required that London Ambulance Service have recruitment are in place to fill the vacancies and address the recruitment issues.
<table>
<thead>
<tr>
<th>d)</th>
<th>To consider the impact of Central Middlesex Hospital closure in light of plans for North West London Hospitals NHS Trust and Ealing Hospital Trust ICO merger and interdependencies</th>
<th>Although not part of the formal sign off of the readiness of plans to close the Central Middlesex it is suggested that the new Central Middlesex service profile is reviewed before any further changes are considered. SaHF Implementation Programme Board to confirm that the recent Merger Clinical Due Diligence Report is aligned with the corporate risk registers at North West London</th>
<th>Assurance has been provided. Further detail on this issue can be found in accompanying clinical report from the site visits.</th>
</tr>
</thead>
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<tr>
<td>8</td>
<td>Safe and high quality education and training including training rotas agreed and clarified</td>
<td>a) Arrangements in place to ensure clinical staff in the UCCs have appropriate training, knowledge and competency to provide a safe service</td>
<td>The SAHF board have confirmed that education and training issues have been addressed. Further detail on this issue can be found in accompanying clinical report from the site visits.</td>
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<td></td>
<td></td>
<td>Further evidence is required on training plans for all staff at both UCCs Clarify is required on the responses which have been made by Central Middlesex Hospital and Hammersmith Hospital UCCs to issues flagged by the education workstream.</td>
<td></td>
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<td></td>
<td>b) Reception and support staff receive appropriate training, including basic life support training and identification of patients who need rapid escalation</td>
<td>Further evidence is required on training plans for all staff at both UCCs Clarify is required on the responses which have been made by Central Middlesex Hospital and Hammersmith Hospital UCCs to issues flagged by the education workstream.</td>
<td>During the clinical site visits, the clinical team had detailed discussion with the UCC and were given assurance on both training and escalation. Further action required to move to green: Confirmation of the UCC’s training records and escalation policies</td>
</tr>
<tr>
<td>9</td>
<td>Clear system for triage and transfer</td>
<td>a) UCC clinical and support staff competency in assessment of patients on arrival, including reception staff</td>
<td>The systems for triage and transfer from both NHS Trusts were shared with the team, the testing is ongoing and pathways and training designed and developed from the output of these.</td>
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<td></td>
<td>SaHF Implementation Programme Board are asked to share the results of testing for review as part of ongoing assurance</td>
<td>The testing was discussed with the clinical team as part of the clinical site visit. Further action required to move to green: Confirmation required that the London Ambulance Service has workforce plans to meet increased demand and achieve the standard response times</td>
</tr>
</tbody>
</table>
10 Software systems for safe transfer of patient Information

a) How has IT intraoperability between UCC and NHS Trust systems been assured if providers are from different organisations? How has interoperability been tested with and between UCCs and community and GP systems?

Confirmation is required how information plan being developed by North West London Hospital NHS Trust will include the development of safe and secure transfer of patient information across sites, GPs and Local Authorities (subject to information governance and consent processes).

Central Middlesex and Hammersmith Hospitals need to ensure that all risks relating to patient information systems/transfer of patient information including safeguarding issues are captured on their respective risk registers.

The clinical team during the clinical site visit did not have any issues raised with them regarding IT interoperability in relation to the changes, however final assurance that IT interoperability been reviewed has yet to provided.

Both NHS Trusts confirmed that child safeguarding processes were unchanged, and also being tested during the testing programme to check if any further issues identified.

Further action required to move to green:

- Confirmation of IT interoperability testing

b) Are the London Quality Standards going to be used for inter-hospital standards?

SaHF Programme Implementation Board to confirm there is a process to review and update standards as clinical practice advances on a continual basis.

Both NHS Trusts are working towards full implementation of the London quality standards, particularly in reference to 7 days working. Further detail on this issue can be found in accompanying clinical report from the site visits.

11 Responsiveness to patient feedback during transition, including complaints across North West London Hospitals NHS Trust

a) Sufficient planned capacity in place to ensure a timely response

Further evidence is required relating to patient safety and patient experience key performance pre, during and following A&E closure at Central Middlesex Hospital.

SaHF Programme Implementation Board to provide details of quality monitoring action plan including the process to respond to quality and performance issues raised.

The further development of the KPIs includes greater focus on quality measures and was discussed.

Further detail on this issue can be found in accompanying clinical report from the site visits.

The team had discussions with the Trusts regarding physical capacity post 20 Sept , the following further assurance has been requested

Further action required to move to green:

- Latest versions of the KPIs to be shared
- Time scale for completing the new ambulatory ward at St Mary’s Hospital
- Confirmed plans for increased bed capacity Northwick Park Hospital site and that the new ward at Northwick Park Hospital will be ready for the 10th
<table>
<thead>
<tr>
<th>12 Safeguarding adults and children</th>
<th>a) Impact on vulnerable adults and children understood</th>
<th>Central Middlesex Hospital and Hammersmith Hospital UCCs to confirm that 24 hour, 7 day safeguarding arrangements for adults and children have been reviewed in light of the changes and will be in place.</th>
<th>Assurance received. Further detail on this issue can be found in accompanying clinical report from the site visits.</th>
</tr>
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<tbody>
<tr>
<td>b) Demonstrate plans for compliance with Trust safeguarding policies at UCCs</td>
<td>As above</td>
<td>Assurance received. Further detail on this issue can be found in accompanying clinical report from the site visits.</td>
<td></td>
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<tr>
<td>c) Appropriate communications with vulnerable groups regarding the planned service including access and support.</td>
<td>Confirmation required that appropriate communication materials are being made available, for example, in easy read formats as well as arrangements for translation in to other languages as appropriate.</td>
<td>Assured - see domain 4: Communications and engagement.</td>
<td></td>
</tr>
<tr>
<td>13 Trust Board Clinical governance Assurance</td>
<td>a) Evidence that clinical governance, quality and safety has been reviewed and signed off at NHS Trust Board level</td>
<td>Confirmation is required that the SaHF Clinical Group has reviewed the outputs from the pathway testing, recruitment, new protocols and these are fit for purpose and the UCCs are appropriately commissioned and set up to provide 24 hour, 7 day stand-alone services from September 10th. SaHF Implementation Programme Board should review the risk reporting arrangements at the both sites to ensure that they are appropriately reflected in their risk registers including mitigating actions. SaHF Implementation Programme Board to submit a risk register for Imperial College Healthcare NHS Trust.</td>
<td>The risk registers have been provided and reviewed.</td>
</tr>
<tr>
<td>b) Is there a common key performance indicator framework to monitor quality and safety?</td>
<td>SaHF Implementation Programme Board to confirm final content of balanced performance score card by Mid-August.</td>
<td>---</td>
<td>Both NHS Trusts described the monitoring arrangements and the use of the KPIs.</td>
</tr>
<tr>
<td>14 Learning from Chase Farm Hospital A&amp;E closure and serious incident investigation over child death</td>
<td>a) Evidence of how the learning from the final report on the child death at Chase Farm Hospital (CF) has been reviewed and fed into the preparations for closure</td>
<td>No further action</td>
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| 15 Consequences of not being assured around the safety of the closure | a) Understanding of consequences of delay to closing the two A&E departments | Clinicians to be made available as part of the communications strategy to explain the plans for closure are clinically appropriate. | Assurance received. Further detail on this issue can be found in accompanying clinical report from the site visits. |
| b) Understanding consequences on surrounding hospitals and their readiness to receive displaced activity | Confirmation required that all Clinical Directors for emergency care in neighbouring NHS Trusts are aware of plans for closure and that these have been discussed internally. Section 4a sets out how North West London Acute Trust performance will be managed during the transition phase including any addition actions required to maintain a safe service that is meeting its key performance indicators. | The risk register has been provided. Further action required to move to green: • Confirmation required that all Clinical Directors for emergency care in neighbouring NHS Trusts are aware of plans for closure and that these have been discussed internally. |  |
| c) Assessment of impact/consequences of one unit only closing first | No further action | Further detail on this issue can be found in accompanying clinical report from the site visits. |  |
| d) Are there any outstanding concerns about remaining quality and safety issues? | SaHF Implementation Programme Board to continue to undertake regular reviews of action plans and risk registers to confirm progress against identified gaps. SaHF Implementation Programme Board to confirm the process for sign off of plans prior to the closure on 10th September including the essential criteria that must be met before the closures can be implemented | SaHF Implementation Programme Board to confirm the date when North | Further detail on this issue can be found in accompanying clinical report from the site visits. Further action required to move to green: • Receipt of the further information requested in the clinical site visit reports including confirmation of the signed of infection control isolation plans from Imperial College Healthcare NHS Trust |
West London UCC will operate to the same new UCC specification as Central Middlesex Hospital UCC.

<table>
<thead>
<tr>
<th>16 Training programme</th>
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<tbody>
<tr>
<td>a) Is there a training programme/induction programme being arranged by the NHS Trusts to support the changes?</td>
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<tr>
<td>SaHF Implementation Programme Board to ask North West London Hospitals NHS Trust and Imperial College Healthcare NHS Trust to provide a more detailed training plan including their responses to the issues highlighted by the education workstream paper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Confirmation has been provided that issues raised by the training boards have been addressed. Further detail on this issue can be found in accompanying clinical report from the site visits.</td>
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<td></td>
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<tr>
<td>b) Have discussions taken place with Health Education England / Local Education Training Boards to confirm the implications for student training at the NHS Trusts?</td>
<td></td>
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</tr>
<tr>
<td>SaHF Implementation Programme Board to ask North West London Hospitals NHS Trust and Imperial College Healthcare NHS Trust to provide an update on ongoing plans for student nurse placements.</td>
<td></td>
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<tr>
<td>Confirmation has been provided that discussions have taken place.</td>
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### Assurance Criteria

1. Readiness of UCCs on Central Middlesex and Hammersmith Hospital Sites to provide 24/7 service prior to closure of A&E departments at Central Middlesex and Hammersmith Hospitals. Has Emergency Department capacity increased at each of these units?
2. Opening Hours of other UCC in the North West London Area
3. Assessment of Impact on Northwick Park Hospital
4. Assessment of Impact on St Mary's Hospital
5. Assessment of impact on local community services
6. Assessment of impact on Local Authority services
8. Assessment of Impact on Hammersmith Emergency Unit Services following the A&E closure

### Assurance Sub Criteria

1. 
   a) To confirm opening hours of UCCs on Central Middlesex and Hammersmith Hospital sites
   b) To confirm how emergency and urgent access to specialist services including maternity will be managed at Hammersmith Hospital post A&E closure.
   c) To confirm current vacancy rates by grade at each UCC and recruitment plans for vacant posts
   d) To confirm contract management arrangements in place for new UCC contracts (Where non NHS is picked up as part of Performance and Control Executives
   e) To confirm on going arrangements for UCC provider to report quality and safety issues into the Trust wide Clinical Quality Group
2. 
   a) To confirm current and planned opening hours of UCC on following sites; St Marys, Charing Cross, Northwick Park, Ealing Hospital, THH and Chelsea and Westminster Hospitals
3. 
   a) To confirm profile (grades/discipline of staff to transfer to Northwick Park Hospital

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32
b) To understand impact on overall Northwick Park Hospital A&E vacancies

c) To confirm arrangements for staff induction/transition plan

d) To confirm assessment of performance trajectory for Northwick Park A&E department (4 hour target, breaches and readmissions.

e) To confirm additional hospital capacity in place i.e. beds, diagnostics, pathology, portering, and discharge planning.

f) Has increased capacity been identified and provided across the hospital sites?

g) To confirm that new clinical pathways to transfer clinical appropriate patients to Central Middlesex Hospital beds have been agreed and signed off by the North West London Hospital Trust Board and Brent CCG

h) To confirm how the flow through A&E will be managed with additional activity for example access to Ambulatory Assessment Unit and the Surgical Assessment Unit

i) To confirm discussions with local authority in terms of impact assessments on staff, pathways/placements and packages of care.

4.

a) To confirm profile (grades/discipline of staff to transfer to St Mary’s Hospital

b) To understand impact on overall St Mary’s Hospital A&E vacancies

c) To confirm arrangements for staff induction/transition plan

d) To confirm assessment of performance trajectory for St Mary’s Hospital A&E department (4 hour target, breaches, and readmissions.

e) To confirm impact/revised modelling on flow through department for example impact on Ambulatory Assessment Unit and Surgical Assessment Unit

f) To confirm additional hospital capacity in place i.e. beds, diagnostics, pathology, discharge planning

5.

a) How has the impact of the changes been discussed and reviewed by community service providers? What changes as a result of discussions have been made? How will the impact of the closures be monitored and reviewed?

6.

a) How has the impact of the changes been discussed and reviewed by the Local Authority? What changes as a result of discussions have been made? How will the impact of the closures be monitored and reviewed?

7.

a) How has the impact of the changes been discussed and reviewed by London Ambulance Service? What changes as a result of discussions have been made? How will the impact of the closures be monitored and reviewed? What changes have been agreed for Intelligent Conveyancing

8.

a) Have new pathways been agreed to manage patients referred into specialist services at Hammersmith Hospital. How have the new pathways been tested?
b) Do they include maternity admissions and if not are there alternative arrangements in place to gain access to Maternity services in an emergency for a booked or unbooked patient?

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<th>Stage 1 Assurance Recommendations</th>
<th>Stage 2 RAG</th>
<th>Stage 2 RAG Explanation</th>
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<tr>
<td>17. Readiness of UCCs on Central Middlesex Hospital and Hammersmith Hospital sites to provide 24/7 service prior to closure of A&amp;E departments at Central Middlesex Hospital and Hammersmith Hospital. Has capacity increased at each of these units?</td>
<td>a) To confirm opening hours of UCCs on Central Middlesex Hospital and Hammersmith Hospital sites</td>
<td>Red</td>
<td>No assurance recommendations have been given but assurance is required to evidence that the staffing model is fully in place Confirm that Central Middlesex Hospital UCC is 24/7</td>
<td>Green</td>
<td>Details of staffing models have been provided. Imperial College Healthcare NHS Trust workforce model report gives details of progress in recruitment and as contingency measures as follows: “Although it is planned to have the majority of staff in post by September there is the flexibility within the other Acute Medicine wards to allow short term secondments to the additional capacity. This can then be supplemented with temporary staff until permanent staff are in post.” Central Middlesex Hospital UCC confirmed as 24/7. The Governing Body of Brent CCG has been assured that there are sufficient numbers of staff and grade mix in place for safe service provision. An additional 70 hours GP clinical supervision and 6 hours nursing supervision has been agreed to support the UCC post Central Middlesex Hospital A&amp;E closure and to safely manage patient flow through the UCC. All staff from Central Middlesex Hospital A&amp;E will be redeployed at Northwick Park Hospital when it is closed.</td>
</tr>
<tr>
<td></td>
<td>b) To confirm how emergency and urgent access to specialist services including maternity will be managed at Hammersmith Hospital post A&amp;E closure.</td>
<td>Red</td>
<td>None – However, a review of the results of the 9th July 2014 exercise will be required.</td>
<td>Green</td>
<td>The updated clinical pathways for Hammersmith Hospital were provisionally signed off by Imperial College Healthcare NHS Trust on 1st July 2014 (subject to the outputs from the clinical pathways testing workshop on 9th July 2014). Hammersmith and Fulham CCG has confirmed that: “The activity and flow modelling has been mapped against the new clinical pathways and was tested at a pathway scenario testing meeting on 9 July (as described in the Report from Clinical Pathways table top modelling workshop on 9 July).”</td>
</tr>
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</table>

**Key**

- **Red:** Not met / Further action required
- **Amber:** Partially met / Further action required
- **Green:** Fully met / Limited or no further action required
c) To confirm current vacancy rates by grade at each UCC and recruitment plans for vacant posts

| SaHF Implementation Programme Board to confirm that Imperial College Healthcare NHS Trust the full staffing model is in place. |
| SaHF Implementation Programme Board to confirm that Imperial College Healthcare NHS Trust that the junior doctor issue has been resolved. |
| North West London Hospitals NHS Trust to provide more clarification over staffing and recruitment plans and whether risks have been mitigated |
| Evidence provided of progress with implementing agreed staffing model at Hammersmith Hospital UCC. |
| The supply of junior Doctors between junior Doctor change over period between August and 10 September has been resolved and locum cover is now in place up to 10th September 2014. |
| The Hammersmith Hospital UCC provider has had a planned recruitment drive for additional staff resource to be in place well ahead of the planned closure. An additional 70 hours GP clinical supervision and 6 hours nursing supervision has been agreed to support the UCC post Central Middlesex Hospital A&E closure and to safely manage patient flow through the UCC. |

| Evidence provided of progress with implementing agreed staffing model at Hammersmith Hospital UCC. |
| The supply of junior Doctors between junior Doctor change over period between August and 10 September has been resolved and locum cover is now in place up to 10th September 2014. |
| The Hammersmith Hospital UCC provider has had a planned recruitment drive for additional staff resource to be in place well ahead of the planned closure. An additional 70 hours GP clinical supervision and 6 hours nursing supervision has been agreed to support the UCC post Central Middlesex Hospital A&E closure and to safely manage patient flow through the UCC. |

| No further action required for Hammersmith Hospital |
| SaHF Implementation Programme Board to confirm that the revised Central Middlesex Hospital UCC contract is now in place. |
| Evidence provided of progress with implementing agreed staffing model at Hammersmith Hospital UCC. |
| The supply of junior Doctors between junior Doctor change over period between August and 10 September has been resolved and locum cover is now in place up to 10th September 2014. |
| The Hammersmith Hospital UCC provider has had a planned recruitment drive for additional staff resource to be in place well ahead of the planned closure. An additional 70 hours GP clinical supervision and 6 hours nursing supervision has been agreed to support the UCC post Central Middlesex Hospital A&E closure and to safely manage patient flow through the UCC. |

| Imperial College Healthcare NHS Trust has developed a process and set of KPIs to measure performance during and after the transition period, which are described in their performance monitoring process. The KPIs that will be monitored include: 1. Performance in type 1 and type 3 for Imperial College Healthcare NHS Trust by site 2. Ambulance waits - 30 minute breaches, 60 minutes breaches 3. Red stream proportions per UCC 4. Treat and transfer episodes between sites 5. Serious incidents reported relating to reconfiguration 6. Complaints from patients 7. Friends and Family Test results for St. Mary’s Hospital and Charing Cross Hospital 8. Focused Patient questionnaires |
| The dashboard has been agreed with Partnership for Health. |
| Confirmed that this will feed via Hammersmith Hospital UCC work stream meeting to Hammersmith and Fulham CCG quality committee and will also be considered by Hammersmith Hospital Project Delivery Board. Also noted that the A&E Operations |

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35
Executive is now meeting weekly.

During the pre and post transition periods the Commissioning Support Unit (CSU) will continue their day to day monitoring activities using current tools and processes.

To enable this, Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCGs have been working with the Commissioning Support Unit (CSU) and agreed a number of supporting actions:

1. The CSU to reinstate the daily Sitrep data items (delayed transfers of care, A&E diverts, cancelled operations, critical care, London Ambulance Service, and beds) which are currently only collected during winter, from August 2014 through to the commencement of winter planning in October 2015
2. The CSU to request UCC attendance and performance data daily rather than weekly
3. To work with the CSU to employ the Bank Holiday planning and preparation processes for the 10th September 2014 service transition
4. To schedule in a series of conference calls before, on the day of, and for seven days after the A&E closures
5. To change the CSU’s escalation RAG status within the CMS from Red to Amber during the transition period

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<tr>
<td><strong>18. Opening Hours of other UCC in North West London Area</strong></td>
<td>a) To confirm current and planned opening hours of UCC on the following sites; St Mary’s Hospital, Charing Cross Hospital, Northwick Park Hospital, Ealing Hospital, The Hillingdon Hospital Foundation Trust and Chelsea and Westminster Hospitals</td>
<td>SaHF Implementation Programme Board to provide evidence to show all other acute sites operating are 24/7 UCCs.</td>
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<td>All UCC sites except St Mary’s Hospital are 24/7. St Mary’s will be 24/7 from March 2015.</td>
</tr>
<tr>
<td><strong>19. Assessment of Impact on Northwick Park Hospital</strong></td>
<td>a) To confirm profile (grades/discipline of staff to transfer to Northwick Park Hospital)</td>
<td>No further action</td>
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<tr>
<td></td>
<td>b) To understand impact on overall Northwick Park Hospital A&amp;E vacancies</td>
<td>SaHF Implementation Programme Board to confirm outstanding vacancies at Northwick Park Hospital</td>
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<td></td>
<td></td>
<td>Two joint clinical leads for A&amp;E are now in post. Transferring A&amp;E staff from Central Middlesex A&amp;E to Northwick Park A&amp;E will increase capacity across the board.</td>
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<td><strong>c) To confirm arrangements for staff induction/transition plan</strong></td>
<td>SaHF Implementation Programme Board to confirm that all workforce and training arrangements are in place as planned.</td>
<td>SaHF Implementation Programme Board to confirm whether the North West London NHS Hospitals Trust is anticipating any staff challenges via consultation.</td>
<td>Staff consultation has started and completes on 4th August 2014. The Central Middlesex Hospital induction dates are Fri 22nd August, Thurs 4th and Friday 5th September 2014.</td>
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<tr>
<td><strong>d) To confirm assessment of performance trajectory for Northwick Park Hospital A&amp;E department (4 hour target, breaches, readmissions)</strong></td>
<td>Given the current issues at Northwick Park Hospital, SaHF Implementation Programme Board are asked to confirm how the system is assuring the closure of Central Middlesex Hospital A&amp;E will not impact further on existing performance.</td>
<td>SaHF Implementation Programme Board to provide the revised trajectory on A&amp;E 4 hour wait at North West London Hospitals NHS Trust.</td>
<td>A&amp;E performance is currently above trajectory, although it remains below the set standard: • All types A&amp;E/UCC Q2 93.41% Above trajectory 93.00% • Type 1 A&amp;E performance Q2 85.55% Above trajectory 85.20% Joint investigation process is being finalised with actions agreed and final plan being put in place. Although the modelling and planning shows that the Central Middlesex Hospital A&amp;E closure will have a net positive effect on Northwick Park Hospital performance (due to increased bed capacity), Brent CCG recognises in its paper to the OSC dated 6th August 2014, that this is not enough to address the overall underperformance at Northwick Park Hospital and that further work is underway linked to system resilience. The objective is that these measures taken together will deliver an overall 1 – 2% in overall performance from implementation. Further action required to move to green: • Revised trajectory on A&amp;E 4 hour wait post Central Middlesex Hospital</td>
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<tr>
<td><strong>e) To confirm additional hospital capacity is in place i.e. beds, diagnostics, pathology, portering, discharge planning.</strong></td>
<td>SaHF Implementation Programme Board to provide further assurance on how the North West London Hospitals NHS Trust will manage the impact of SRG draft operational resilience plan for North West London does not refer to the impact of the closure of Central Middlesex Hospital on winter plans. NHS England and NHS TDA have asked for additional assurance as part of their feedback on</td>
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the changes at Central Middlesex Hospital on beds at Northwick Park Hospital coupled with winter pressures. SaHF Implementation Programme Board to confirm that additional capacity will be put in place at Northwick Park Hospital e.g. pathology.

operational resilience plans.
The system resilience plans contain a number of schemes including:
- extending the opening hours and scope of ambulatory care
- improving access to 7 day diagnostics
- redesign of staffing rotas

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<tr>
<th>f) Has increased capacity been identified and provided across the hospital sites?</th>
<th>See above</th>
<th>See above</th>
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</table>
| g) To confirm that new clinical pathways to transfer clinically appropriate patients to Central Middlesex Hospital beds have been agreed and signed off by North West London Hospitals NHS Trust Board and Brent CCG. | Pathways for medical day-care, elderly care & ITU at Central Middlesex Hospital still need to be finalised in respect of staffing, clinical service standards and optimum patient experience. SaHF Implementation Programme Board to confirm finalisation of pathways. SaHF Implementation Programme Board to provide clarity around the management of a deteriorating patient in the period immediately post closure of Central Middlesex Hospital A&E and also in the longer term when it is used primarily for step down and elective. SaHF Implementation Programme Board to provide clarity around finalisation of the UCC clinical pathways post the pilot phase, in preparation for Central Middlesex Hospital A&E closure in September. SaHF Implementation Programme Board to confirm that Central Middlesex resuscitation area requirements and arrangements have been finalised | Clinical model and project plan in place to progress and safely manage the transition to a standalone UCC at Central Middlesex Hospital. Paper to North West London Hospitals NHS Trust Board on 14th July 2014 describes detailed plans for managing critically unwell patients post closure of Central Middlesex Hospital A&E, clinical pathways for UCC and resuscitation requirements for Central Middlesex Hospital:

1. The ITU nurse will respond to all cardiac arrest 24/7
2. For crash calls outside clinical and ward areas ITU will bring the mobile emergency bag which will be stored in ITU
3. A holding bay will be created in ITU
4. ITU will remain as a Level 3 and 2 facility

Contingency plans are in place. |
| h) To confirm how the flow through A&E will be managed with additional activity for | SaHF Implementation Programme Board to confirm that pathways have been tested and signed off 10th July in | Pathways are signed off. |

**Key**

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<tr>
<th>Example access to Ambulatory Assessment Unit and Surgical Assessment Units</th>
<th>Preparation for the pilot ahead of closure of the A&amp;E.</th>
<th>Green: Fully met / limited or no further action required</th>
</tr>
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<tr>
<td>i) To confirm discussions with local authorities in terms of impact assessments on staff, pathways/placements, packages of care.</td>
<td>SaHF Implementation Programme Board to provide the minutes of relevant Urgent Care Working Group meetings</td>
<td>Provided and reviewed.</td>
</tr>
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20. Assessment of Impact on St Mary’s Hospital

<table>
<thead>
<tr>
<th>a) To confirm profile (grades/discipline of staff to transfer to St Mary’s Hospital.</th>
<th>SaHF Implementation Programme Board to confirm that all new staff are in place at St Mary’s by 10th September.</th>
<th>See 17a. Full details of staffing resources agreed have been provided and confirmed as sufficient.</th>
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<tr>
<td>i) To confirm discussions with local authorities in terms of impact assessments on staff, pathways/placements, packages of care.</td>
<td>SaHF Implementation Programme Board to confirm that all new staff are in place at St Mary’s by 10th September.</td>
<td>See 17a. Full details of staffing resources agreed have been provided and confirmed as sufficient.</td>
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<tr>
<th>b) To understand impact on overall St Mary’s Hospital A&amp;E vacancies.</th>
<th>SaHF Implementation Programme Board to confirm that Central Middlesex Hospital UCC staffing arrangements are in line with the UCC specification.</th>
<th>Details of vacancies pre and post implementation of A&amp;E closures have been received (and set out in Hammersmith and Fulham CCG final report).</th>
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<td>b) To understand impact on overall St Mary’s Hospital A&amp;E vacancies.</td>
<td>SaHF Implementation Programme Board to confirm that Central Middlesex Hospital UCC staffing arrangements are in line with the UCC specification.</td>
<td>Details of vacancies pre and post implementation of A&amp;E closures have been received (and set out in Hammersmith and Fulham CCG final report).</td>
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<tr>
<th>c) To confirm arrangements for staff induction/transition plan.</th>
<th>SaHF Implementation Programme Board to confirm induction/transition plans are in place for other groups of staff.</th>
<th>Evidence of induction programme for all staff provided together with full details of training programme (including mandatory training) set out in Hammersmith and Fulham CCG final report.</th>
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<td>c) To confirm arrangements for staff induction/transition plan.</td>
<td>SaHF Implementation Programme Board to confirm induction/transition plans are in place for other groups of staff.</td>
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<th>d) To confirm assessment of performance trajectory for St Mary’s Hospital A&amp;E department (4 hour target, breaches, readmissions.</th>
<th>Additional information is requested to confirm that Imperial College Healthcare NHS Hospital Trust, post changes, will continue to meet the 95% performance trajectory target during 2014/15.</th>
<th>The Imperial College Healthcare NHS Trust Integrated Delivery Meeting on 24th July 2014 confirmed that 95% all type performance would be maintained at St Mary’s Hospital. This issue is also being addressed at Executive level.</th>
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<tr>
<td>d) To confirm assessment of performance trajectory for St Mary’s Hospital A&amp;E department (4 hour target, breaches, readmissions.</td>
<td>Additional information is requested to confirm that Imperial College Healthcare NHS Hospital Trust, post changes, will continue to meet the 95% performance trajectory target during 2014/15.</td>
<td>The Imperial College Healthcare NHS Trust Integrated Delivery Meeting on 24th July 2014 confirmed that 95% all type performance would be maintained at St Mary’s Hospital. This issue is also being addressed at Executive level.</td>
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Fulham CCG report as follows:

“The Urgent Care Centre at St Mary’s Hospital has seen a marked increase in attendances (Type 3) since Nov 13, with a slight decrease in A&E attendances (Type 1). The Central London, West London, Hammersmith and Fulham, Hounslow and Ealing CCGs Quality Team has made a supportive visit to the St. Mary’s Hospital Urgent Care Centre in the last few months, reporting no clinical risks and that the service is safe. Work is on-going with Imperial College Healthcare NHS Trust to address this and to ensure that more capacity is made available to meet any increases in activity and maintain performance to targeted levels. The on-going work will have a focus on:

- Increasing GP cover in the Urgent Care Centre to cope with the increased demand.
- Improving Medical Assessment Unit capacity to streamline the pathway for admitted patients and relieve A&E pressure.
- Increasing A&E consultant cover in the A&E department manage current performance issues
- Increasing GP staffing in the Urgent Care Centre.”

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<th>Fulham CCG report as follows:</th>
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<td>e)</td>
<td>To confirm impact/revised modelling on flow through department e.g. impact on Ambulatory Assessment Unit and Surgical Assessment Unit</td>
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**SaHF Implementation Programme Board** to confirm that all new facilities have opened on time

**SaHF Implementation Programme Board** to confirm that provision for additional transport has been put in place

**Assurance received in statement of readiness that all new facilities will be in place according to planned timeline.**

**Imperial College Healthcare NHS Trust is currently increasing transport capacity as per their inter site transport plan and statement of readiness by London Ambulance Service for assurance.**

**Capacity has been reviewed and assurance received that this is sufficient. North West London Systems Operational Group has developed a contingency plan which describes the response to peaks in activity - see also 20d**
| 21. Impact on Charing Cross Hospital | SaHF Implementation Programme Board to confirm that additional resources are in place by timescales set out is required. SaHF Implementation Programme Board to clarify the additional assessment trolleys will be used. | Further action required to move to green:  
- confirmation that additional resources are in place by timescales set out is required  
- SaHF Implementation Programme Board to clarify the additional assessment trolleys will be used |

| 22. Assessment of impact on local community services | SaHF Implementation Programme Board to provide evidence that community providers are aware of the closure. | SaHF Implementation Board wrote to all providers (including community, mental health, acute) checking awareness that providers are aware of closure and a response is due 15th August 2014. Further action required to move to green:  
- confirmation that the providers have received the letter received from SaHF Implementation Programme Board. |

| 23. Assessment of impact on local authority services | SaHF Implementation Programme Board to provide evidence that local authorities are aware of the planned changes. | Evidence received of tri-borough Local Authority engagement in discussion on planned changes in minutes of Tri-Borough Urgent Care Programme Board, and the Charing Cross and Hammersmith Zone meetings. |

| 24. Assessment of Impact on London Ambulance Service | SaHF Implementation Programme Board to confirm that the results of the 13th June 2014 table top exercise with London Ambulance Service have been resolved/implemented  
SaHF Implementation Programme Board are asked to progress with agreeing revised London-wide criteria for London Ambulance Service conveyance to UCCs  
SaHF Implementation Programme Board to confirm to confirm whether the attached criteria are the revised or the existing versions. | Statement of Readiness in letter from London Ambulance Service (LAS) on 11th July 2014 states that:  
"In order to test the robustness of the pathway to the urgent care centre and provide assurance in practice, a multi-agency exercise was facilitated by the LAS on the 13th June 2014. This involved clinicians from the urgent care centre, acute hospitals, as well as CCG and SaHF project colleagues. The exercise produced significant clinical assurance that the LAS are prepared for the transition. Following the event the LAS submitted a report on the outcomes; from the LAS perspective the key outcome was the recommendation for all urgent care pathways to be the same across North West London."  
Evidence has been provided of modelling and surge plans. Intelligent conveyancing model has been reviewed to cope with spikes in demand. Conveyance criteria has been agreed for Hammersmith Hospital and Central Middlesex Hospital UCCs. |
### 25. Assessment of Impact on Hammersmith Emergency Unit services following the A&E closure

<table>
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<tr>
<th>Question</th>
<th>Status</th>
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<tbody>
<tr>
<td>a) Have new pathways been agreed to manage patients referred into specialist services at Hammersmith site. How have the new pathways been tested?</td>
<td>Yes, see above</td>
</tr>
<tr>
<td>b) Do they include maternity admissions and if not are there alternative arrangements in place to gain access to Maternity services in an emergency for a booked or unbooked patient?</td>
<td>No further action</td>
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</table>

- **Current pathway exclusion criteria has been provided.**
- **Hammersmith Hospital UCC pathways went live on 12th August 2014.**
- The updated clinical pathways for Hammersmith Hospital were provisionally signed off by Imperial on 1st July (subject to the outputs from the clinical pathways testing workshop on 9th July)
- Hammersmith and Fulham CCG have confirmed that:
  - "The activity and flow modelling has been mapped against the new clinical pathways and was tested at a pathway scenario testing meeting on 9 July (as described in the Report from Clinical Pathways table top modelling workshop on 9 July)"
### Assurance Criteria

1. Communication with public:

   The A&E closures including the rationale for closure as well as alternative arrangements for accessing care are communicated successfully to all key audiences and stakeholders through a multi-disciplinary communications campaign.

   External communications - all closure and transition plans, including major incident response, staff transition, and business continuity have a communications strand which seeks to proactively engage with key audiences and stakeholders as well as identifying and managing communications risks.

2. External Communications - Patients/users are physically sign posted to the new arrangements e.g. removal of A&E signs (within site and externally)

3. Staff Communications.

### Assurance Sub Criteria

1. 
   a) Is there a robust and detailed communications strategy?

   o Does this include:
      o Clear aims and objectives
      o Detailed audience stakeholder and audience analysis (including patients, media, representatives from parliamentary and local government, employee and industrial relations, the public, specific interest groups for example. Learning Disability Clients, opinion leaders
      o Risk management and mitigation
25. Communication with public; The A&E closures – including the rationale for closure as well as alternative arrangements for accessing care - are communicated successfully to all key audiences and stakeholders through a multi-disciplinary communications campaign. External communications; All closure and transition plans – major incident response, staff transition, a) Is there a robust and detailed communications strategy? Does this include:
  o Clear aims and objectives
  o Detailed audience stakeholder and audience analysis (including patients, media, representatives from parliamentary and local government, employee and industrial relations, the public, specific interest groups for example. LD clients, opinion leaders

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<td>25. Communication with public; The A&amp;E closures – including the rationale for closure as well as alternative arrangements for accessing care - are communicated successfully to all key audiences and stakeholders through a multi-disciplinary communications campaign. External communications; All closure and transition plans – major incident response, staff transition,</td>
<td>a) Is there a robust and detailed communications strategy? Does this include:</td>
<td></td>
<td>SaHF Implementation Programme Board to confirm that red flagged risks highlighted in this report are provided to the SaFH communications team for lines to be agreed and provided and Q and A briefings shared and circulated when updated. Further discussions have been agreed with the SaFH communications team as more specific plans are developed e.g. for use of social media, sign off processes, out of hours, monitoring of comments and questions and agree who and how to respond</td>
<td></td>
<td>Q and A, narratives and the list of spokespeople have been shared regularly with partner organisations, incorporating new risks as they are flagged to ensure consistency of message for external statements. The website explaining the service changes went live on 27th July 2014. A huge amount of comms activity launched on 28th July 2014 and continues to be rolled out. This includes door drops, leaflets, posters, targeted letters, newspaper adverts, billboards, screens in surgeries, bus and bus stop advertisement and pharmacy bags.</td>
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Key
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| Risk management and mitigation | Board to confirm website is in place by 28th July 2014 in time for the comms launch. SaHF Implementation Programme Board to ensure that a timeline and key messages are shared with key stakeholders likely to be approached by the media (Department of Health, Care UK, NHS England, NHS TDA, London Ambulance Service) using the communications launch as the key date for preparedness SaHF Implementation Programme Board to clarify responsibilities for handling specific media enquiries. SaHF Implementation Programme Board to confirm method to coordinate key messages and share narrative/spokesperson briefings. |
| Detailed action plan including defined set of deliverables | The media and comms protocol in the comms plan is very clear that Sarah Bellman and the SAHF comms group is responsible for all comms, including agreeing and sharing messaging and responses to media and other stakeholder requests with the CCGs and NHS Trusts involved. SaHF comms team have clarified which aspects of the campaign will be undertaken by the NHS Trusts specifically. |
| Evaluation – robust set of metrics and KPIs to demonstrate successful outcomes | The information campaign is planned to go beyond the 10th September 2014 A&E closure dates, with messages refreshed to evolve into a wider behaviour change campaign through the Autumn. There are also detailed plans for post closure communication including a weekly e-bulletin update to key stakeholders. The public information campaign on the A&E closures continues until the 21st September 2014. It is then planned to move to an education campaign around where to go for treatment, which will dovetail into the winter communications campaign. SaHF comms team are developing the evaluation of this phase of activity. |

**b) Do the ToR of NHS Trust communications and CCG/SaHF board communication clearly set out who is responsible for what aspect of communication both before and after initial closure? How has this been tested for gaps and overlaps?**

**c) What communications plans are in place for post the changes? How will these be monitored?**

**Key**

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| 26. External Communications; That patients/users are physically sign posted to the new arrangements e.g. removal of A&E signs (within site and externally) | a) Signage review and updated to reflect new /changed services. | SaHF Implementation Programme Board to review on going plans to ensure a clear programme to roll out changes to signage by the NHS Trusts and that signage is clear to anyone visiting.  
SaHF Implementation Programme Board to ensure consistency in terminology when referring to the closure of the A&Es to avoid possible confusion. | There are clear plans in place by the NHS Trusts, the companies they use to manage internal and external signage, Transport for London and the Highways Agency to make the necessary changes by 10th September 2014. This is managed through the Central Middlesex Hospital and Hammersmith Hospital Equalities and Access Workstream.  
Further action required to move to green:  
- Confirmation of the final designs of the sign.  
**Update:** On 9 September, all road signs will be updated to meet the minimum requirement which is to replace the red H with a blue ‘H no A&E’. Where possible the preferred signage option will be implemented to also include Urgent Care Centre 24 hours (see Appendix B)  
- Transport for London (TfL) is replacing the signs they own with ‘H no A&E’.  
- Brent and Ealing LAs are replacing their signage with ‘H no A&E’ and will include ‘urgent care centre 24 hours’ where the signs are large enough.  
- H&F LA do not own any Hammersmith hospital signs but an exception request to their de-cluttering policy has been made and they are reviewing their decision on this.  
- Internal and external Trust site signage is being updated by both HH and CMH overnight on 9/10 September.  
Evidence: sign designs (provided)  
Re signage for patients arriving on foot (learning from Chase Farm), as UCC is 24 hour staff will be available to redirect A&E patients/call ambulances as appropriate and non -English speakers and those with learning disabilities will have access to support on site. |
| --- | --- | --- | --- |
| b) NHS Trust website/information updated to reflect changes to services | SaHF Implementation Programme Board to ensure that the generic website will be in place and that all comms teams can link to it from the website/twitter and Facebook to minimise duplication and potential confusion re messaging | Information on the changes to emergency care in North West London can be accessed via a specific website which was launched on 27th July ahead of the comms campaign. The website is signposted from individual NHS Trust and CCG websites. | Key  
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<th>Key</th>
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<tbody>
<tr>
<td>Not met / Further action required</td>
<td>For all parties involved in the changes to link to and use for blogs, narratives, releases etc and to link to from social media. The timing on this is a priority.</td>
<td>SaHF Implementation Programme Board to confirm what actions the NHS Trusts and CCGs have taken to ensure their websites have been updated. The timing on this is a priority.</td>
<td>The comms team within the NHS Trusts and SaHF continue to audit the information available across the sites and check for accuracy.</td>
</tr>
<tr>
<td>c) NHS Trust letters/email. strap sign reflect changes</td>
<td>SaHF Implementation Programme Board to confirm actions NHS Trusts and CCGs have taken to ensure their communications have been updated and are appropriate for vulnerable groups.</td>
<td></td>
<td>An easy read leaflet along with leaflets in alternative languages have been made available.</td>
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<td></td>
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<td></td>
<td>The SaHF equalities and access group has engaged with a large number of local organisations, used BME media and commissioned voluntary sector groups to assist this work. This is outlined in the detailed engagement strategy.</td>
</tr>
<tr>
<td>d) Appropriate communications with vulnerable groups about service changes, access, support</td>
<td>The SaHF Programme Implementation Board to confirm that the material is available in Easy Read/pictorially for specific groups, and that there are arrangements in place for translation into local languages.</td>
<td></td>
<td>An easy read leaflet along with leaflets in alternative languages have been made available.</td>
</tr>
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<td></td>
<td></td>
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<td>The SaHF equalities and access group has engaged with a large number of local organisations, used BME media and commissioned voluntary sector groups to assist this work. This is outlined in the detailed engagement strategy.</td>
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<td>27. Staff Communications</td>
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<tr>
<td>a) Is there a robust communication strategy for all NHS Trust staff?</td>
<td>SaHF Implementation Programme Board to review on going plans to understand how NHS Trusts (and CCGs) are communicating messages about changes to staff as well as to the public and patients.</td>
<td></td>
<td>The NHS Trusts have detailed activity plans underway and evaluation of this is ongoing.</td>
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<td>SaHF Implementation Programme Board to ensure plans are in place to brief internal comms at the NHS Trusts and key stakeholders.</td>
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<td>b) How have staff not working in the A&amp;E departments been engaged in discussions on plans and changes to services?</td>
<td>While the clinical visits to NHS Trusts will allow further testing to understand how communications with staff are being provided, these will be after the comms launch.</td>
<td></td>
<td>SaHF comms team has provided a full list of staff communication – both written and face-to-face. Continued evaluation of this is needed up to and after the 10th September 2014 closure date. This should also include London Ambulance Service staff and police.</td>
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Communications colleagues have been organised. 
SaHF Implementation Programme Board to demonstrate that plans are in place to engage internal comms.
## Criteria 5: EPRR Assurance

<table>
<thead>
<tr>
<th>Assurance Criteria</th>
<th>Sub Criteria</th>
<th>Stage 1</th>
<th>Stage 1 Assurance Recommendations</th>
<th>Stage 2</th>
<th>Stage 2 RAG Explanation</th>
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<tbody>
<tr>
<td>28. Business Continuity</td>
<td>a) All BCPs reflect changes in configuration of service delivery units</td>
<td></td>
<td><strong>Finalise the BCP for Central Middlesex Hospital including clarifying the activation and command arrangements.</strong></td>
<td><strong>Green:</strong> Fully met / limited or no further action required</td>
<td><strong>The revised BCP is in place and has the appropriate action cards for use by responding staff supported by a clear command structure which allows for the management of concurrent business continuity and major incidents.</strong></td>
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<td><strong>North West London Hospitals NHS Trust should develop and schedule a training, testing and exercise programme to validate their changes and ensure staff are familiar with the new arrangements. This should be completed by the end of August 2014.</strong></td>
<td></td>
<td><strong>The new role of Deputy Head of Site is in place at Central Middlesex Hospital and will act as the initial point of contact in the event of an incident.</strong></td>
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<td><strong>Submit a revised BCP for review by 15\textsuperscript{th} August. This should include a training, testing and exercise programme to validate their changes.</strong></td>
<td></td>
<td><strong>All new staff to the Central Middlesex Hospital will be briefed by the Emergency Planning Manager (EPM) and undertake familiarisation training.</strong></td>
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There is no clear link between the business continuity strategy and those BCPs of the following tenants at Hammersmith Hospital: London Central West Unscheduled Care (LCW) and Central London Community Healthcare (CLCH).

The current strategy is aligned to BS25999 but this standard has now been replaced by ISO 22301, ISO22313, PAS2015. Under the national core standards for EPRR BCPs should be aligned to this current standard.

Imperial College Healthcare NHS Trust is therefore required to update the plans within the strategy and progress will be assessed as part of the planned nationwide assurance process in the Autumn.
<table>
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<tr>
<th>29 Surge Management</th>
<th>a) All internal surge management plans to reflect changes in configuration of services including procedures for escalation across sites</th>
<th>SaFH Implementation Programme Board to confirm with the UCC provider (Care UK) that escalation processes are in place to manage excess demand. SaFH Implementation Programme Board to confirm with the UCC provider (Care UK) that escalation processes are in place to manage excess demand and how those processes integrate across the Trust by identifying: 1. the agreed escalation processes between Imperial, CLCH and London Central West Unscheduled Care Collaborative 2. the training, testing and exercising arrangements are to validate these changes. Imperial College Healthcare NHS Trust should review the proposed changes in light of the planned implementation date to ensure adequate time is allocated for staff training, testing and exercises.</th>
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<td>It has been confirmed that the Central Middlesex Hospital UCC has escalation plans in place which detail actions required in the event of unexpected increases in activity. All staff are made aware of these processes through regular training and Central Middlesex Hospital UCC staff will also be involved in future EPRR exercises. As an outcome of Exercise Surety Hammersmith Hospital UCC have undertaken to review their contingency plan, including surge management which will be submitted to Hammersmith and Fulham CCG during August 2014 for review. Further action required to move to green: • SAFH programme Implementation Board need to confirm that Imperial College Healthcare NHS Trust’s surge plan has been completed and reviewed.</td>
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| 30 Major Incident Response | a) Major Incident Plans to reflect changes in capability | The North West London Hospitals NHS Trust should clarify its major incidents process including how sites integrate. Further clarification required as to how Central Middlesex Hospital will manage self-presenting casualties and how the UCC will be advised of a major incident. It is essential that a draft plan is submitted for review by mid-August in order to assess compliance and progress towards completion. It is recommended that Imperial College Healthcare NHS Trust review this situation and produce for review a training schedule to provide assurance that sufficient time and resource has been allocated to fulfil this requirement. | North West London Hospitals NHS Trust has submitted revised plans and action cards which confirm the role of the Central Middlesex Hospital UCC during a major incident and the process by which they are alerted. Critical Care will be coordinated by a dedicated member of staff who will work in collaboration with the Site Practitioner. All staff working at the Central Middlesex Hospital site will undergo an induction process and training in major incident and business continuity procedures. Imperial College Healthcare Trust have submitted a specific major incident plan for Hammersmith Hospital which has been revised to reflect the closure of the Emergency department. The plan details the supporting role the Hammersmith UCC to Charing Cross and St. Mary’s Hospitals during a major incident. Major incident roles specific to Hammersmith Hospital are included within the action cards including one for Acute Medical Take consultant who has a key role in the management of patients during an incident. As part of the planned nationwide assurance process in the Autumn, Work will continue to ensure appropriate management of forensic evidence and the Hammersmith UCC patient administration system links to the major incident administration system. |

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| 31. Command and Control | a) Trust wide command and control procedures to reflect changes in service provision | Review the command and control structure to ensure that the agreed system is capable of managing concurrent business continuity and major incidents. To ensure that the command and control plan is compatible with both the revised major Incident and business continuity plans. | North West London Hospitals NHS Trust has established sufficient control room capacity at Central Middlesex Hospital and Northwick Park Hospital to run concurrent major and business continuity incidents. Site management has a clearly defined role in the initial stages of an incident with a well-established escalation pathway to the Trust’s Command Team. Imperial College Healthcare Trust have a Trust wide command and control policy which is précised for information in each site specific plan. For Hammersmith Hospital there needs to be a clearly defined link between the command structure for Central London Community Healthcare and that of Imperial College Healthcare Trust for both major incident and business continuity events. This will be confirmed in the planned nationwide assurance process in the Autumn. |
NHS England and the NHS TDA established a working group that includes professional and clinical representatives. The group meets on a regular basis to discuss progress. The assurance process to date has consisted of the following:

- Sharing lessons learnt from recent acute service reconfigurations in London.
- A full documentation review against the criteria set out in our assurance plan (this document refers) culminating in the stage one assurance report.
- A review meeting held on 1st July 2014 with the Shaping a Healthier team involving clinical and managerial representatives from the Trusts and CCGs. This included the Accountable Officers from both CCGs; Chair of Hammersmith and Fulham CCG; SaHF programme Senior Responsible Officer; SaHF senior clinical directors; clinical and managerial representatives from NHS England (area and Regional team); and representatives from the NHS TDA including the Clinical Quality Director and North West London Portfolio Director.
- A further review of documentation and supporting evidence based on the response to stage one report by the SaFH Implementation Programme Board, on behalf of CCGs and providers. This culminated in the stage two assurance report.
- As part of its role in EPRR, NHS England ran an exercise on 22nd July 2014 to test emergency preparedness in light of the changes.
- A series of clinically led site review visits carried out on 5th and 6th August 2014 by North West London Area Team Medical and Nursing Directors, TDA Director of Nursing which included discussions with staff and a review of the pathway testing. A report was produced which accompanies the stage two report.
- Commissioned independent clinical review of UCC pathway at Hammersmith Hospital - completed on 22nd August.
- Review of stage two assurance report by formal NHS England (London) and NHS TDA governance arrangements on 26th August.
- A final review meeting to be held on 3rd September 2014 with the SaHF team involving clinical and managerial representatives from the Trusts and CCGs to confirm operational readiness.

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