London Clinical Senate

Paper 5.2

Advice on plans for the transition of maternity, neonatal, paediatric and gynaecology services from Ealing Hospital

February 2015

Response to a request for independent advice on plans for the transition of maternity, neonatal, paediatric and gynecology services from Ealing Hospital

Prepared for:	**NHS England (London)**
Approved by:	**London Clinical Senate Council Chair**
Date:	**6 February 2015**

AIMS OF THE REPORT: To provide the following advice to NHS England (London):

1. Whether there has been any substantive change to the case for change since the acceptance of the proposals in 2013
2. Whether the clinical models for maternity and paediatric services are still appropriate
3. To review and comment on the proposed timing of these changes, including identification of risks and benefits in terms of clinical quality and safety.

1. Executive summary

In 2012, working with hospital doctors, midwives, nurse leaders, providers of community care, volunteer groups and charities, commissioners in North West London developed a set of proposals to transform the way healthcare is delivered for people in North West London. Following a period of public consultation, the proposals were accepted by the Independent Reconfiguration Panel and by the Secretary of State in 2013. The overall programme is called *Shaping a Healthier Future* (SaHF).

The proposals include plans to decommission maternity and paediatrics services provided at Ealing Hospital and commission equivalent alternative capacity at other hospitals across North West London supported by redesigned clinical pathways.

NHS England (London) has asked the Clinical Senate to give independent advice on three specific issues in relation to plans to implement these changes:

1. Whether there has been any substantive change to the case for change since it was accepted
2. Whether the clinical models remain appropriate; and
3. The proposed timing of these changes, specifically to transition maternity services by June 2015 and paediatric services in June 2016

The Clinical Senate established a Review Team comprising an experienced group of clinicians, including Clinical Directors from the Maternity and Children's Strategic Clinical Networks, and members of the Clinical Senate's patient and public voice. Members' expertise included direct involvement in successfully implementing changes to similar services in other parts of London. The Review Team considered a range of documentation provided by the SaHF Programme and members talked to clinicians leading the implementation work. The whole team met with the Lead Medical Director for the SaHF Programme.

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

Overall the Review Team considered the clinical models remain appropriate. The model for maternity services will improve quality and choice and is consistent with recently published guidance from the National Institute of Health and Care Excellence (NICE) and the NHS Five Year Forward View. The model for neonatal services aligns with national definitions, though more clarity is needed on arrangements for transitional and outreach care. The Review Team supports the recent proposal to maintain an emergency gynaecology service on the Ealing Hospital site, though aspects of the model also require clarification. The key elements of the clinical model for paediatrics are also considered to be appropriate though there is, currently, a lack of detail on aspects of the model that will remain at Ealing Hospital.

With regard to the timing of the transition, the Review Team advises very strongly that maternity services at Ealing Hospital should move in line with the date now proposed i.e. by June 2015 and would be extremely concerned if this date slipped. Earlier dates for a proposed transition had been given to staff and women booking at the hospital. The ongoing uncertainty is a significant risk and appears to be impacting on the number of women booking for maternity care, which has fallen by over 40% since September. Staff retention is also likely to become a growing problem if further delays occur. Retaining the service at Ealing Hospital beyond this timescale will significantly increase the risk of unplanned closure of the unit. This will impact on continuity of care for women and increase risk across the system as other hospitals will need to respond in an unplanned way.

Because of the clinical interdependencies neonatal services must transition at the same time as the maternity service and the emergency gynaecology service remaining at Ealing Hospital must be in place by that date, supported by operating procedures which address issues the Review Team identified.

The Review Team agrees with the proposal to retain paediatric inpatient and A&E services delivered at Ealing Hospital following the transition of maternity and neonatal services. To do otherwise would significantly increase risk across the system. However, the Review Team would be concerned if, because of a lack of appropriate planning and agreement to provide additional capacity within the receiving hospitals, the eventual transition is delayed beyond June 2016 and would suggest that opportunities be sought to enable this timeline to be accelerated where possible.

The Review Team recognises that significant work has taken place to prepare for the transition and that this continues. The Review Team has identified a number of issues, and some concerns, where further assurance should be sought in relation to North West London health economy's ability to respond to the changes, both at an organisational and system level.

The Review Team recommends that NHS England (London) seeks reassurance that the assurance process in place within the programme has recognised the risks, some of which may have changed over time, and has put in place sufficient actions to mitigate those risks to an acceptable level. We have made several specific recommendations to inform this assurance process.

Dr Ian Abbs (Chair)
On behalf of the Review Team

2. Background

In 2012, working with hospital doctors, midwives, nurse leaders, providers of community care, volunteer groups and charities, commissioners in North West London developed a set of proposals to transform the way healthcare is delivered for people in North West London.

The programme is known as *Shaping a Healthier Future* (SaHF). Following a period of public consultation, the proposals were accepted by the Independent Reconfiguration Panel and by the Secretary of State in 2013.

The proposals include plans to decommission maternity and paediatrics services provided at Ealing Hospital and commission equivalent alternative capacity at other hospitals across North West London supported by redesigned pathways. The SaHF Implementation Board proposes that the transition of maternity, neonatal and gynaecology services should take place by June 2015 and transition of paediatric services should take place by June 2016. Plans are based on an understanding of the interdependencies between these services.

Plans to prepare for the transition of services from Ealing Hospital and ensure other, receiving, hospitals are appropriately prepared to accept the additional activity that will flow to them have been underway for some time. The proposed timing of the services' transition has been reviewed alongside this, leading to recent recommendations as stated above.

NHS England (London) has asked the Clinical Senate to give independent advice on the plans to inform the transition assurance process.

3. Scope of advice requested

The Clinical Senate was asked to advise on three issues:

1. Whether there has been any substantive change to the case for change since the acceptance of the proposals by the Independent Reconfiguration Panel (IRP) and the Secretary of State

2. Whether the clinical models for maternity and paediatric services are still appropriate, encompassing:

    a. advice on the impact of *NICE guidelines CG190 on Intrapartum care: care of healthy women and their babies during childbirth*, published in December 2014, which include new recommendations in a number of areas including choosing place of birth.

    b. Advice on the impact of a recent proposal by the SaHF Clinical Board to maintain an early pregnancy unit and emergency gynaecology service at Ealing Hospital following transition of the maternity unit and other gynaecology services.

3. To review and comment on the proposed timing of these changes, including identification of risks and benefits in terms of clinical quality and safety. This includes consideration of the proposal to transition maternity services by June 2015 and paediatric services in June 2016.

4. Formulation of Advice

4.1 Terms of Reference

The terms of reference for this review were agreed by the Medical Director for North West London, NHS England (London) and the Chair of the Clinical Senate Council in November 2014. These are appended in section 9.1.

4.2 Review Process

The review was carried out in two stages.

Firstly, the specific proposals for maternity, gynaecology, neonatal and paediatric services were reviewed by clinical experts in these specialities with leadership roles in Maternity and Children's Strategic Clinical Networks. This involved a review of key documentation supplied by the SaHF Programme Team, other documentation requested by the clinical experts and discussions with clinicians in North West London who are leading work to implement the proposals.

Secondly, core documentation and findings from the first stage were shared and debated with a wider group of Clinical Senate members, including the patient and public voice, to consider the findings and advice in a broader context and agree collective, definitive advice in light of this. In this stage the Review Team met with the Lead Medical Director of the SaHF Programme and discussed a wide range of issues.

The membership of the Review Team is appended in section 9.2. None of the members have been involved in the development of the proposals considered though some have good knowledge of current services across the capital, including those in North West London. Collectively members brought significant expertise including previous involvement in planning and implementing changes in the configuration of maternity, gynaecology, neonatal and paediatric services in other London health economies.

For unavoidable reasons a Review Team member invited to bring an emergency medicine perspective had to withdraw from the main meeting of the Review Team and it was not possible to identify an alternative in the short time available. Issues relating to A&E capacity and learning from the reconfiguration of A&E services in North West London that occurred in September 2014 have been considered by drawing on other members knowledge and experience.

This report presents the Review Team's findings, conclusions and advice. The advice provided is the unanimous view of all members.

4.3 Limitations

A significant amount of supporting information provided by the SaHF Programme has informed this review and wherever possible the Review Team has attempted to triangulate findings with information gathered through discussions.

This review is intended to inform the assurance process for the transition of services. It was not established to assure the transition plans.

Review Findings

5. The case for change

The Review Team found no material, strategic issues that alter the case for change presented in 2013 to transform the way healthcare is delivered for people in North West London with regard to maternity and paediatric services, or the strategic decisions made in response to it. The Review Team also believes that the vision and ambition for these services is consistent with the direction set out in the NHS Five Year Forward View (October 2014). The Review Team did find, however, that at an operational level the drivers for change in maternity services have accelerated since the case for change was accepted, especially over the last few months, increasing risks to clinical quality and safety.

Maternity services

- The maternity service at Ealing Hospital is a comparatively small unit and the number of deliveries has fallen over recent years. The Review Team found that this trend continues and appears to be occurring at a faster rate. Bookings to the unit have fallen by 41% since September 2014.

- Ealing Hospital is not able to meet national workforce standards or agreed London Quality Standards. The quality of obstetric and gynaecology training is also affected.

- Ongoing uncertainty about the proposed transition risks a destabilising, unplanned closure of the maternity service at Ealing Hospital which would have a significant impact across the health economy and on the continuity of care for women booked at the hospital. There is evidence that this uncertainty is effecting recruitment and retention of staff and is a factor in the fall of bookings. Some midwives are now leaving the unit for jobs outside the sector. Early and planned change will mitigate this risk.

Neonatal services

- Because of the critical interdependency with maternity services the case for change in neonatal services remains valid.

- This interdependency means that the acceleration of the case for change in maternity services, and associated risks of unplanned change, impacts directly on the neonatal service.

Gynaecology services

- Following the transition of maternity services, Ealing Hospital will continue to provide its current elective inpatient and outpatient gynaecology services on-site.

- The proposed changes to the current model of care following the transition relate to the provision of emergency gynaecology services, which will incorporate the early pregnancy assessment unit.

Paediatrics

- Providing more, lower acuity, care closer to home and higher acuity paediatric services in fewer centres will maintain and improve access, quality and future sustainability of services.

- Ealing is a small hospital according to the Royal College of Paediatrics and Child Health (RCPCH) standard, *Facing the Future*, 2011 with a very low number (7,727 pa) of A&E attendances for children under 16 years of age and 2,147 inpatient admissions/ spells a year, half of whom stay for less than 12 hours. This is not expected to be sustainable in the longer term from a staffing perspective and, therefore, in terms of patient safety.

- Trends identified in the case for change appear to be continuing with average daily occupancy in Ealing's paediatric inpatient unit falling from 8.1 beds in 2012/13 to 5.9 beds in 2013/14.

- Common experience across London's paediatric units is that a minimum of 10 WTE acute paediatric consultants are needed to achieve standards set out in *Facing the Future* and the London Quality Standards across a 7 day service. Consultant cover at Ealing Hospital remains markedly below this. The hospital's paediatric unit currently has 5.7 WTE consultants and is almost alone in north London in making no progress in increasing consultant numbers in the past 1-2 years to meet these challenges.

Conclusion

The Review Team concluded that the case for change remains valid and observed that some drivers for change have increased, making the case for change in maternity services of even greater importance.

The Review Team concluded that the vision and ambition in the case for change and transformation in North West London are aligned with those in the NHS Five Year Forward View and that this offers a framework for ongoing development.

SaHFs plans are an appropriate response to the case for change. Further operational planning is needed in some areas to ensure they are effectively delivered.

6. The appropriateness of proposed clinical models

Overall the Review Team considers that the clinical models for maternity and neonatal services are appropriate. The key elements of the clinical model for paediatrics are also felt to be appropriate though there is, currently, a lack of detail on aspects of the model, particularly transition planning for the service that will remain at Ealing Hospital. As noted in the previous section, the Review Team also supports the recent proposal to maintain an emergency gynaecology service on the Ealing Hospital site, though this also requires some clarification.

In considering the models the Review Team looked at the clinical models and the clinical assumptions underpinning the activity models that have been used to plan the transfer of services from Ealing Hospital to receiving Trusts. Key findings are summarised below.

Maternity

The clinical model for North West London is similar to models being developed elsewhere in London i.e. there will remain a choice of obstetric led care, midwifery led care and home birth with the majority of antenatal and post natal care provided in the community. The Review Team believes that the model is consistent with the recently published NICE guidance[1] and the vision for the new care model for delivering modern maternity services described in the NHS Five Year Forward View.

The Review Team reiterated the importance of choice between services that are safe. Women should have choice within a unit and every unit should be as good as any other. Each of the maternity units in North West London will have obstetric led, midwife led and home births, and choice of where antenatal and post natal care is received. An important aspect of this transformation process is that all units will share the same guidelines and aim to achieve uniformity in standards and safety culture. Because of the challenges which the case for change is seeking to address, particularly at Ealing Hospital, data suggests choice may be more limited currently.

Compared to present arrangements, therefore, the Review Team felt that women are likely to get a better choice of facility in future, whether low or high risk, and a mechanism to consistently establish and support choice, as highlighted by NICE[1], is built into the model. The Review Team felt the Centralised Booking Service which involves a discussion with women booking into all North West London maternity about where they want to deliver is an innovative element of the model. If a woman cannot get into the unit of her first choice the service is designed to provide an alternative choice quickly i.e. trusts have to respond within 24 hours. The service also enables capacity and flows across the system to be monitored to help refine capacity planning. The overall goal is for a system where most women get their first choice.

Neonatal services

The model of care for neonatal services involves the closure of the neonatal unit at Ealing Hospital and transition of activity, alongside changing flows in maternity services, to other neonatal units in North West London. The function and designation of units (either special care units, local neonatal units or neonatal intensive care units) follow national definitions, supported by a Neonatal Operational Delivery Network.

[1] NICE guidelines CG190 on Intrapartum care: care of healthy women and their babies during childbirth (December 2014)

The Review Team noted that neonatal cot capacity has been modelled on the basis of 4 cots per 1,000 deliveries which is lower than figure of 5.85/1,000 deliveries (at 70% occupancy) recommended by the British Association of Perinatal Medicine (BAPM) though this seems to have been modelled on current capacity, rather than occupancy, and may provide a more accurate picture.

The ability of a service to receive that activity may well be influenced by the model of care provided not just in the neonatal unit itself. It is important that receiving hospitals' services have sufficient ability to deliver transitional care alongside routine neonatal care which helps to optimise admission rates and length of stay. It is not clear from the information provided how the number of transitional care cots has been modelled. The Review Team recommends that receiving units should aim to do as much transitional care as is clinically appropriate.

Similarly, all the receiving units should have models of outreach where babies and their families leaving the neonatal service are supported at home. As well as improving quality and experience, this also optimises length of stay by facilitating timely discharge. The SaHF Lead Medical Director confirmed that the local Neonatal Operational Delivery Network is giving advice and is fully involved in these changes and the Review Team noted the importance of Network's role.

Gynaecology services

The Review Team supports the proposal to provide an emergency gynaecology service with seven day access, incorporating an early pregnancy assessment unit, at Ealing Hospital. This offers an opportunity to enhance quality and patient experience. However, aspects of the (draft) model of care[2] shared with the Review Team are not considered to be robust enough to give confidence that it would realise the potential benefits and ensure a safe, high quality service.

The proposed model involves several staff but only a nurse practitioner and sonographer would be dedicated to the service. It will be essential to ensure prompt, skilled assessment of women attending the service. Early pregnancy problems by definition will include ectopic pregnancy as well as miscarriages and related anxiety. Therefore, to be safe, the Review Team is clear that the service must have a dedicated senior, experienced doctor i.e. the doctor's sole commitment should be to the emergency gynaecology unit throughout its hours of operation. Discussion with one of the clinical leads developing the service confirmed that this is the intention and that the draft model was incorrect.

Whilst not clear in the (draft) model, discussion with the clinical lead confirmed that, out of hours, a second on call consultant at Northwick Park Hospital would attend Ealing Hospital to deal with a gynaecology emergency if necessary. The SaHF Lead Medical Director advised that the potential for West Middlesex University Hospital NHS Trust to provide this cover, as it is geographically closer, is also being explored.

The Review Team identified inconsistencies in the criteria for access to the service, specifically relating to thresholds and exclusions. Definitions regarding patients' stability and related pathways also need to be clarified, and should be unequivocal. An appropriately agreed transfer policy will need to be in place where the pathway transfers women to another site.

The Review Team was aware of a model elsewhere in London where an emergency gynaecology service continued to be provided on a site following transfer of other services. Having explicit agreements in place, involvement of senior staff and clear pathways was essential in ensuring effective provision.

[2] Emergency Gynaecology Model of Care – Draft, 19th Jan 2015

Paediatric services

The agreed direction of travel for health services for children and young people, consistent with and strengthened by the NHS Five Year Forward View (2014), is for a parallel strengthening of provision of lower acuity services closer to families and closer integration of primary and secondary care, and a centralisation of higher acuity paediatric services in fewer centres able to deliver safe and high quality care and high quality training. The Review Team considers the key elements of the proposed clinical model for paediatric services in North West London aligns with these principles and remains appropriate, however aspects of the model lack specificity.

The latest version of the clinical model[3] proposes the following changes at Ealing Hospital:

- Higher acuity paediatric activity (including all inpatient, paediatric assessment unit and A&E attendances) will be transferred from Ealing by June 2016. After this date children will be seen only in the Urgent Care Centre (UCC) and outpatient services. Ealing A&E would provide services to <16 year olds only in exceptional circumstances.

- Lower acuity paediatric services would be retained and expanded on the Ealing site with the aim of providing more services closer to home for the local population. The model include children being seen in the UCC, a newly commissioned consultant-led Rapid Access Clinic (RAC), some day care and outpatients (wide range).

The Review Team felt more clarity is needed in the following areas.

Day-care: The model needs to be specific about the type of day-care that will remain at Ealing for children and young people. The Review Team strongly advises that once the inpatient unit is closed this must be restricted to very low risk activity.

Day-surgery: The SaHF Lead Medical Director confirmed that children's ENT day-case surgery, currently provided by Imperial Healthcare NHS Trust at Ealing Hospital, will cease when the paediatric inpatient unit closes. The Review Team endorses this. Due to the potential risks the Review Team advises that no day-case surgery requiring a general or significant regional anaesthetic should be provided at Ealing once the inpatient unit has transferred.

Rapid access clinic (RAC). The Review Team felt the proposed model at Ealing Hospital offers real potential to become an innovative, integrated paediatric service for local children and young people. Ensuring absolute clarity about the acute care pathways will be important to delivering a safe, effective service. The proposal to establish a RAC and embed a paediatric consultant in the UCC and link into outpatients should enable this. Whilst the Review Team recognises the RAC is primarily intended to provide fast access for children and young people referred by GPs, the plan to open only two hours each day at weekends, compared to 8-10 hours a day Monday – Friday, should be reviewed to ensure children and young people's needs will be met 7 days a week. The Review Team noted that a specification for the RAC has yet to be developed and there is no accepted business case at this stage, though the SaHF Lead Medical Director confirmed that Ealing CCG has committed to support and fund it. This should be progressed as a priority.

Children and young people who self-present to A&E: The model needs to be clear about arrangements in place to deal with children and young people who self-present to Ealing following the transition of inpatient services. Traditional models promoted by the RCPCH involve a short stay paediatric assessment unit where a consultant paediatrician would be present, linked to

[3] Rationale for the proposed timing of the transition for maternity, neonates, paediatric and gynaecology services from the Ealing Hospital Site NHS England / Clinical Senate Review 8th January 2015 DRAFT Version 0.31 (Section 4)

outpatients, with the ability to assess more acutely unwell children and allow them to be observed before, if necessary, transferring them to an inpatient paediatric unit. This is not proposed for Ealing Hospital. The Review Team acknowledged that in practice A&E staff in most London hospitals routinely manage most infants and children over one year of age, only involving paediatric staff for infants under one or if a child needs to be admitted. The SaHF Lead Medical Director advised that the model of care at Ealing Hospital is able to draw on the experience of Charing Cross Hospital, part of Imperial Healthcare NHS Trust, which has operated for several years with an A&E but no inpatient paediatric unit, to inform modelling and operational procedures.

Age range: The model refers only to children and young people under 16 years of age. *The National Service Framework for Children and Young People* (2005) made it explicit that paediatric services should serve young people aged 0-17/18 years. This is restated in standards for services delivering health care to children and young people[4]. There is increasing recognition that young people aged 16-17 can be significantly disadvantaged by traditional splits between paediatric and adult health services, with 17 year olds often unable to access care in either system. This is particularly the case for young people requiring mental health care as adult psychiatrists will not generally see young people under 18 years old. 16-19 year olds are also high users of A&E and can have very complex needs including self-harm. Particular thought needs to be given to the provision of child and adolescent mental health services (CAMHS) and social services appropriate for 16-17/18 year olds in an adult A&E unit.

In the proposed model 16 year olds would be admitted to adult wards at Ealing Hospital, which is a continuation of what currently happens, however this is not the general direction of travel for paediatric services across the country.

The Review Team also felt that more detail was needed in the wider model of paediatric services across North West London in the following areas.

Age range. This issue of age applies to the model across North West London, not just at Ealing Hospital. The Review Team noted that the activity modelling is based on under 16 year olds, though the approach and assumptions were felt to be thoughtful and explicitly includes a substantial contingency (27% of current capacity). Nevertheless some 16-17 year olds will transfer and this age group should be given a choice of whether they would prefer to be cared for in a paediatric or adult wards.

System integration: The model could lead to more fragmented care for children, young people and their families as a result of inpatient and outpatient care being provided on different sites. This is particularly important for children and young people with long-term conditions, who are often more vulnerable and need the greatest support and surveillance e.g. if frequent day-care is required at Ealing Hospital following an inpatient stay at another Trust; or receiving diabetes outpatient care at Ealing Hospital but admitted to another Trust when unwell. Whilst this risk is acknowledged, it is currently poorly addressed within the model. As well as building on repatriation pathways already in place in Hammersmith and Fulham for similar issues other models could be considered e.g. provision of nurse specialists/others from the Ealing Hospital ambulatory service to visit inpatients in other hospitals and special consideration must be given to communication and IT links between Trusts.

High dependency care (HDU): Plans for the provision of high dependency care for children and young people in receiving sites needs further thought. There is a lack of understanding about current capacity and potential to increase risk in the system if demand and capacity is not adequately considered. This is acknowledged to be a London wide issue and an area that the Children's SCN is keen to support. Concerns about HDU capacity at Hillingdon were raised specifically.

[4] The London Children's Strategic Clinical Network Acute Care Standards (2014)

Conclusion

Overall the Review Team considered the clinical models remain appropriate. The model for maternity services will improve quality and choice and is consistent with recently published guidance from the National Institute of Health and Care Excellence (NICE) and the NHS Five Year Forward View. The model for neonatal services aligns with national definitions, though more clarity is needed on arrangements for transitional and outreach care. The Review Team supports recent proposal to maintain an emergency gynaecology service on the Ealing Hospital site, though aspects of the model also require clarification. The key elements of the clinical model for paediatrics are also considered to be appropriate though there is, currently, a lack of detail on aspects of the model that will remain at Ealing Hospital. These should be more clearly defined to ensure the model effectively meets the needs of children and young people in future. The paediatric model overall needs to consider young people up to age 18.

The Review Team has identified a number of issues, and some concerns, relating to North West London health economy's ability to respond to the case for change, and implement the clinical models, both at an organisational and systems level on which further assurance should be sought. These are set out in the next section. They mainly relate to timing, workforce, and clinical coherence and interdependence, and include tactical risks relating to operational changes, particularly at Ealing Hospital, and managing consequent risks in the wider system.

7. The proposed timing of these changes

When the terms of reference for this review were agreed it was proposed that maternity and neonatal services would transition from Ealing Hospital by June 2015 and paediatric services would transition up to six months later. The SaHF Clinical Board revised the proposed timings during December 2014 when it became clear that all of the required paediatric inpatient and A&E capacity would not be available at receiving hospitals to meet that timeline.

The revised timeline[5] proposed proceeding with the transition of maternity and neonatal services as soon as is practicable, and no later than the start of June 2015, and transitioning paediatric services in June 2016.

In considering the timing of the proposed changes the Review Team debated three main issues:

1. The balance of risks within maternity, neonatal, gynaecology and paediatric services at Ealing Hospital and across the system as a whole
2. The implications of transitioning or retaining services at Ealing Hospital in the timeline proposed
3. The implications for the wider system across North West London of services transitioning from Ealing Hospital over the coming year and whether arrangements are in place for this to happen appropriately

The Review Team's specific advice is as follows:

- Maternity services at Ealing Hospital should move in line with the date now proposed i.e. by June 2015. The Review Team would be extremely concerned if this date slipped. Retaining the service at Ealing Hospital beyond this timescale will significantly increase the risk of unplanned closure of the unit and increase risk across the system as other hospitals will need to respond in an unplanned way.
- Because of the clinical interdependencies neonatal services should transition at the same time as the maternity service. The emergency gynaecology service remaining at Ealing Hospital must be in place by that date, supported by operating procedures which address the issues identified in page 11.
- The Review Team agrees with the proposal to retain paediatric inpatient and A&E services delivered at Ealing Hospital following the transition of other services. To do otherwise would significantly increase risk across the system. However, the Review Team would be concerned if, because of a lack of appropriate planning and agreement to provide additional capacity within the receiving hospitals, the eventual transition is delayed beyond June 2016 and there may be opportunities for this to be accelerated in some areas.

Key points from the Review Team's consideration of the issues in relation to each service area are summarised below.

Maternity services

In autumn 2014 CCGs set a potential transition date in March 2015. Staff affected at Ealing Hospital have been consulted and agreed future employment arrangements based on an initial commitment to continue working within North West London. Heads of Midwifery leading the transition planning are concerned about the delay that has already happened and have advised that if there is a further delay beyond that now proposed, they cannot guarantee that current plans

[5] Rationale for the proposed timing of the transition for maternity, neonates, paediatric and gynaecology services from the Ealing Hospital Site NHS England / Clinical Senate Review 8th January 2015 DRAFT Version 0.31

will remain robust. The Review Team heard that four midwives at Ealing Hospital have left North West London in the last two weeks. This increases risk around sustainability at Ealing Hospital.

Bookings have reduced by 41% at Ealing Hospital over the period September – December 2014. Bookings also appear to have reduced at some other North West London hospitals though at a much smaller level and data indicates that other hospitals have seen an increase in the number of women booking from Ealing postcodes[6]. This suggests that patterns of activity are already changing across North West London, through capacity has not altered alongside this. Until a timescale is formally agreed, it is extremely difficult for receiving trusts to plan with confidence and recruit more midwives. Because of the uncertainty the Review Team understands that some trusts are recruiting at risk.

The Review Team noted that Ealing midwives had been given free choice on where they chose to work following the transition of the Ealing service. Whilst accepting this approach may increase the likelihood of staff staying in the sector, the Review Team was concerned that unit staff chose to work in (Northwick Park Hospital) was predicted to receive only a small proportion of current deliveries at Ealing.

Whilst overall the plans in place for midwifery staffing to support transition were considered to be acceptable to manage change in the short-term the Review Team noted the need for significant further work to develop, review and increase midwifery staffing and maternity support staffing across North West London over the next two years. Following the transition, some units will still be operating at a midwife to deliveries ratio of 1:34 or 1:36, which does not meet accepted standards. Although this is recognised to partly be a historical issue, and cannot be addressed in the short-term, solutions need a more proactive, and possibly innovative, approach.

Examples of existing good practice and success with the development of maternity support worker roles elsewhere in London should be considered and explored as soon as possible. The Review Team heard that CCGs have committed to invest in services to achieve a 1:29/30 ratio by 2017 and that an HR Director is supporting this work. The Review Team recommends that every effort should be made to accelerate this timeline. Other staffing issues will also need to be addressed to meet the London Quality Standards e.g. establishing consultant midwifery and supernumerary labour ward coordinator roles, though these will be difficult to model until the number of women delivering in each unit is known. Again, examples of good practice exist in London which Trusts can draw on to support implementation.

Members of the Review Team considered the consultant obstetrician workforce. As with midwives, the predicted flow of staff and activity was not fully aligned and some consultants were reported to be leaving the sector. In the short term, additional activity will need to be covered by the existing consultant body. All receiving units have levels of consultant cover on the labour ward that is consistent with or above equivalent London units. In the longer term the increased number of bookings in some units should enable those units to move closer to 168 hour cover recommended in the London Maternity Standards.

The Review Team recognises the challenges in accurately predicting how service change will impact on activity flows from Ealing to other hospitals. The Group felt the approach taken was as good as it could reasonably be and, over the last few months, has been further refined by specifically asking women currently booking at Ealing Hospital where they would chose to go. Notwithstanding this the Review Team is aware that actual flows will only be known when change is implemented and the modelling is actually tested.

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[6] Analysis of Maternity Bookings and Deliveries in NW London, SaHF Clinical Board, 22nd January 2015 (Draft for discussion)

Given the uncertainty about flows, the Review Team welcomes the introduction of the Central Booking Service across North West London which is, for the first time, providing insight into women's choice across the whole sector. This is enabling weekly monitoring of bookings across all of the sites. The Review Team heard that a key lesson from the closure of two A&E departments in September 2014, the first changes in the overall SaHF Programme, was the need to have alternative systems and capacity in place, prior to change being implemented. The Review Team therefore welcomes the fact that the service has been implemented five months ahead of the proposed change and felt this was an innovation that other parts of London may learn from. The Patient and Public Voice Group members were particularly supportive of this aspect of the model.

In managing capacity, individual units will cap activity on the basis of safety, particularly driven by workforce issues and each unit has set the level at which it would cap. The Central Booking Services provides a safety net in the system when capping occurs. The Review Team heard that North West London units have capped on five occasions in the last 6 months due to staffing. One member of the Group was aware of changes being taken at West Middlesex University Hospital NHS Trust (WMUH) in response to this.

The SaHF Lead Medical Director advised that Imperial College Healthcare NHS Trust (ICHT) has been asked to accommodate an additional 200 deliveries that were originally modelled to go to Northwick Park Hospital (NWP). The Review Team understands this is to enable NWP to respond to issues identified in a recent CQC inspection, and also because the number of women choosing to deliver at NWP appears to have reduced. This will result in ICHT planning to take nearly a half of the current Ealing Hospital activity across its two maternity sites (Queen Charlotte's and St Mary's). The Review Team was advised that the Trust has expressed a willingness to do this. Whilst recognising that ICHT has a good track record in recruiting midwives, and there will be a time lag between referral and birth, further assurance will need to be sought that sufficient capacity, including workforce, will be in place in the timescale required

The Review Team believes the greatest risk in the proposed transition will be in the first few weeks following the transfer of services from Ealing Hospital, when, notwithstanding the modelling approaches, the patient flow is less assured. Robust monitoring arrangements will be required and the Review Team heard that a maternity tracker is already in place which monitors a range of indicators linked to capacity and safety. As soon as the decision is made firm discussions can be held with women booked into Ealing Hospital who have an estimated delivery date after the proposed closure date. This will enable activity plans to be refined with greater certainty and ensure clear, unequivocal communication with women currently booked at Ealing Hospital, with staff and with the wider community. The Review Team noted that currently a discussion can only take place about what *might* happen, not what *will* happen, which creates uncertainty and contributes to risk.

The Review Team heard that initially capacity plans proposed that all of the activity from Ealing Hospital would transfer to Chelsea and Westminster Hospital NHS Foundation Trust. However, that is not where the majority of women are expected to choose to go. It does indicate though, that there is sufficient overall capacity across North West London following the transition and this therefore provides a contingency against capping at other trusts, though in the short term this may mean more women do not deliver in their unit of choice.

All of the information provided to the Review Team focused on core maternity, and gynaecology services. The Review Team was assured by the SaHF Lead Medical Director that all wider issues of capacity e.g. anaesthetists, theatre capacity, intensive care, imaging and diagnostics have been taken into account. It is essential that the assurance process incorporates all capacity requirements.

The Review Team notes that the SaHF Maternity and Neonatal Project Delivery Board has advised that a period of at least eight weeks is required between a decision being made to proceed with the transition and the transition taking place. Given the amount of planning that has taken place, the Review Team considers this is reasonable.

The transition of maternity and neonatal services from Ealing Hospital will reduce risk at Ealing however will increase risk elsewhere in the system, especially in the transition period and the weeks that follow. The Review Team concluded that the balance of risk is greater overall if the maternity service is retained at Ealing because of the increasing risk of unplanned closure that would result through any further delay. The Review Team believes there is a high probability that this could occur and notes this is the highest risk on the SaHF Maternity Risk Register.

Transitioning services in a planned way will ensure more effective management of risk. The Review Team has identified risks in the wider system that need to be mitigated to ensure receiving hospitals have appropriate arrangements in place to accept increased activity and to provide a safe service and a positive experience for women.

The Review Team has identified areas where further assurance will be required. Most of the assurance will relate to system risks, however, risks for services retained at Ealing Hospital are also highlighted. The risks relating to paediatric services have the potential to increase over coming months if not mitigated effectively at an early stage.

The Review Team is aware that a series of assurance visits have taken place at receiving trusts and that further activities are proposed in the lead up to an actual transition. The Review Team recommends that a process involving receiving trusts' plans being shared, tested and refined through visits by teams of clinical experts from outside North West London would strengthen planned arrangements. The process should include all services impacted by the change, not just core maternity and neonatal services. The aim would be for such teams to visit before, during and 12-18 months after the transition. The model of peer review should aim to support services to transition services safely and to develop and deliver the full range of benefits that the changes are intended to deliver and enable learning to be shared. This approach has been successfully used in North East London.

Gynaecology

Given the likely conditions that women will continue to present with at Ealing A&E an emergency gynaecology service has the potential to enhance the quality and experience of care. However, this needs to be appropriately resourced and supported by sufficiently skilled and experienced staff to ensure a safe and robust service. The Review Team would also have concerns if the service was based on the current (draft) operating procedures as they lack clarity. If these issues are not addressed, risks at the Ealing site would increase. The service needs to be agreed and in place by the time maternity and other gynaecology services transition in June 2015.

Similar issues in terms of mapping activity flow and workforce raised in relation to maternity services apply, especially relating to the consultant workforce and supporting services. Further assurance should be sought that appropriate arrangements will be in place supported by mitigating action to address identified risks.

Neonatal Services

At Ealing Hospital, the medical workforce is common to both paediatrics and neonatology. The nursing workforce for paediatrics and neonatology will be different.

There is a plan in place, supported by Health Education North West London (HENWL), to retain the current paediatric training posts at Ealing Hospital for as long as paediatrics remains on site. Alongside a commitment from the Trust to retain the non-training grade positions, this should protect the medical workforce at Ealing Hospital.

The SaHF Lead Medical Director confirmed that the North West London Neonatal Operational Delivery Network is involved and advising the programme.

However, there will be a risk that those in training posts and some in non-training posts may seek to relocate to other providers, especially if they are seeking neonatal experience and if other providers are advertising new posts.

The commitment to retain training and non-training posts at Ealing Hospital does not afford an opportunity to expand the workforce at receiving Trusts within currently available resources. Receiving Trusts which currently operate single SpR rotas out of hours may be particularly vulnerable. These are Hillingdon and West Middlesex Hospitals. The Review Team understands this has been raised in a recent CQC assessment at Hillingdon.

Because of the impact on attending deliveries and undertaking routine postnatal and transitional care, these units will be particularly exposed to any significant increase in activity. Introducing other ways of delivering routine neonatal work would assist. The SaHF Lead Medical Director confirmed that work has been taking place with HENWL to address this. The Review Team was advised that a range of physicians assistants are earmarked to go and work in those units and that HENWL is moving some paediatric trainees to Hillingdon to improve cover at that trust.

The Review Team suggest that the following plans may help:

- developing midwives' skills in routine newborn examination
- developing the role of nursery nurses in the provision of transitional care
- developing advanced neonatal nurse practitioner roles to provide neonatal care

In considering development of midwives' skills, in units with ratios of 1:34 or 1:36 the Review Team noted the need to concentrate on basic midwifery roles with extended roles being considered as a way forward when ratios are at, or closer to, 1:29.

Discussions with clinical leads in North West London confirm that most of the workforce concerns relate to neonatal nurse staffing in the receiving units and making sure the workforce matches the capacity those units aim to deliver. The shortage of neonatal nursing staff is not unique to North West London. It is likely that not all neonatal nurses currently employed at Ealing Hospital will transfer to sites receiving activity and that receiving units will have to appoint new neonatal nurses and provide local training, which will take time.

The SaHF Lead Medical Director confirmed that Hillingdon is the site which has most challenges around capacity and the SaHF Programme has been concentrating its effort on supporting the work to address this. The Review Team noted action includes recruiting additional staff and moving staff in a planned way on rotation from Queen Charlotte's Hospital. It is important that arrangements for transitional care and outreach are in place at each of the receiving sites and are operating effectively to improve experience for families, enable timely discharge and reduce length of stay, releasing neonatal cot capacity. The Review Team noted that models differ across North West London (as they do elsewhere) and the type of model can impact differently on cot and bed requirements. Outreach to support care at home should be a key area of focus. The SaHF Lead Medical Director advised that Hillingdon has not had outreach in place and that this is an important part of the proposals which the Trust is putting in place. Models of outreach care provided by receiving trusts will need to extend to more families living in Ealing following the transition.

Paediatrics

The Review Team believes that the proposal to defer the transition of paediatric inpatient and A&E services at Ealing Hospital is compelling. It is clear that the required physical inpatient capacity will not be available at receiving hospitals to meet the original timescale i.e. six months after maternity and neonatal services transition, and wider system pressures in A&E services need to be reduced before an increase in paediatric attendances are accepted. Transitioning paediatrics services without sufficient capacity being assured will lead to increased risk. Retaining the paediatric service at Ealing Hospital for a longer period and allowing a longer lead time to develop services and capacity elsewhere mitigates this risk. The inpatient paediatric service will be able to continue independently of maternity and neonatal services for as long as necessary providing a robust plan is in place for the paediatric workforce.

The Review Group also believes, however, that there is a compelling reason to transition the inpatient paediatric service as soon as feasible, subject to assurance that required capacity is in place. This could take place earlier than June 2016 if circumstances allow. Unlike maternity services, the paediatric service at Ealing Hospital is not experiencing risk in the short-term, however this situation is likely to change over time and sustaining quality is likely to become more difficult in the months leading up to transition. The Review Team strongly recommends the need for assurance that the transition will not be delayed beyond a year and that actions required to enable the timetable to be met are adhered to. This includes ongoing monitoring of plans to develop and implement the model of care that will remain at Ealing Hospital and create the additional capacity at receiving hospitals. Business cases have yet to be approved.

Many aspects of the proposed service model that will remain at Ealing Hospital, and the business case, have yet to be agreed. The Review Team would be concerned if this is allowed to drift. The clinical model and successful transition are dependent on a well-functioning Rapid Access Clinic (RAC) linked to the Urgent Care Centre (UCC). There would be value in implementing the RAC and embedding a paediatric consultant in the UCC as soon as possible. This would reduce paediatric activity in Ealing A&E ahead of the transition and allow new pathways to be tested and embedded. Introducing capacity in advance of change taking place was also a key learning point from the transition of A&E services. This could also mitigate risk to the sustainability of the inpatient unit e.g. due to staffing challenges, by reducing demand.

The workforce model to support the paediatric service at Ealing Hospital following the transition is being developed with the support of HENWL. All staff working in the paediatric service will be retained, including medical trainees. However, it is likely some paediatric trainees will seek jobs elsewhere before the transition, especially those interested in neonatology. The Review Team is concerned that the plan to address this is too reliant on locums, which could impact on quality, and Trust doctors, who may be hard to recruit and retain. Making a number of fixed term consultant appointments offers an, exciting, alternative workforce model which should be deliverable and is likely to be more sustainable and maintain safe care. Ensuring doctors appointed at Ealing Hospital have an agreed plan of where they will move to will remove uncertainty and facilitate retention. The delay in the transition of paediatric services also presents an opportunity to appoint a clinician to lead development of the new service at Ealing Hospital at this early stage, helping to lead the change and drive the vision which will assure its future. This has the potential to be an innovative model which will be attractive for people to use and to work in.

Further work is required over the coming year to understand the current provision and future requirements for high dependency care to mitigate the risk of insufficient capacity across the system. This is a pan-London issue and the Review Team recommends that the Children's Strategic Clinical Network leads this work.

It will essential to agree a definitive date for the transition of paediatric services from Ealing Hospital and to ensure this is adhered to. Setting this date early will ensure everyone knows the timetable they are working towards. If no date is set ongoing uncertainly is likely to have an adverse impact on retention and training of nursing staff and junior doctors, potentially leading to over reliance on agency and locum staff, increasing risks to patient safety and of unplanned closure. The current capacity within North West London to cope with an unplanned closure is low. This reinforces the importance of ensuring there are no delays in approving and progressing the capital schemes required to enable receiving trusts to accommodate an increase in paediatric activity.

The Review Team discussed the critical importance of clear, effective, communications for patients, for staff and the public about all of the proposed changes. This will be enabled by agreeing firm dates and ensuring these are adhered to, subject to assurance that all necessary arrangements are in place to provide alternative capacity and to safely transfer and accept services.

The Review Team discussed the importance of understanding the equalities impact of the changes, the models of care and the transition plans and welcomed the fact that the SaHF Programme has an Equalities Impact Officer leading this work.

Conclusion

The Review Team advises very strongly that maternity services at Ealing Hospital should move in line with the date now proposed i.e. by June 2015 and would be extremely concerned if this date slipped. Earlier dates for a proposed transition have been given to staff and women booking at the hospital. The ongoing uncertainty is a significant risk and appears to be impacting on the number of women booking for maternity care, which has fallen by over 40% since September. Staff retention is also likely to become a growing problem if further delays occur. Retaining the service at Ealing Hospital beyond this timescale will significantly increase the risk of unplanned closure of the unit. This will impact on continuity of care for women and increase risk across the system as other hospitals will need to respond in an unplanned way.

Because of the clinical interdependencies neonatal services and gynaecology services must transition at the same time as the maternity service.

The transition of services from Ealing Hospital will reduce risk at that hospital. However this will increase risks in the wider system, especially during the transition period and the weeks that follow. Assurance of mitigation will be needed to ensure receiving hospitals have appropriate arrangements in place to accept increased activity and to provide a safe service. Whilst most of the assurance will relate to system risks, risks for services retained at Ealing Hospital have also been highlighted.

The emergency gynaecology service remaining at Ealing Hospital must be in place by that time maternity and neonatal services transition, supported by operational procedures which address issues the Review Team has identified.

The Review Team agrees with the proposal to retain paediatric inpatient and A&E services delivered at Ealing Hospital following the transition of maternity and neonatal services. To do otherwise would significantly increase risk across the system. However, the Review Team would be concerned if, because of a lack of appropriate planning and agreement to provide additional capacity within the receiving hospitals, the eventual transition is delayed beyond June 2016 and would suggest that opportunities be sought to enable this timeline to be accelerated.

8. Summary of advice to NHS England (London)

It is imperative that the transition of maternity and neonatal services from Ealing Hospital takes place as proposed by June 2015 to mitigate risk to quality and safety. To ensure this happens, the Review Team advises that NHS England (London) seek the following assurances:

1. Further detail is required about the provision of an emergency gynaecology service at Ealing Hospital in terms of workforce and criteria for access.
2. Receiving hospitals across North West London have sufficient overall capacity and have put actions in place to mitigate risks to an acceptable level.
3. For neonatal services, satisfactory arrangements are in place for transitional and outreach neonatal services, supported by the North West London Neonatal Operational Delivery Network.
4. External peer review of all affected services within the hospitals providing the additional maternity, neonatal and gynaecology capacity is strongly recommended before, during and up to 18 months after transition. The Review Team in particular noted challenges in providing services at Hillingdon Hospitals NHS Foundation Trust and Imperial College Healthcare NHS Trust, suggesting these should be a priority.

Setting a clear date for the subsequent transition of paediatric services is necessary to assure the quality of the service until June 2016. NHS England (London) should seek assurance that this will be supported by:

1. A robust plan for the paediatric workforce with a more innovative model than currently suggested.
2. The development of clear business cases for the expansion of paediatric services in receiving hospitals, and the services that will remain at Ealing Hospital.
3. The development of new paediatric services, such as the Rapid Access Clinic, at Ealing Hospital goes ahead as planned.
4. A similar external peer review process as described for maternity services is strongly recommended.
5. A clearly articulated communications strategy.

In addition the review team noted that relevant issues have been raised in recent CQC inspections in North West London and assurance should be sought that any issues that could impact on the proposed transition are being satisfactorily addressed.

9. Appendices

9.1 Terms of Reference

London Clinical Senate

CLINICAL REVIEW: TERMS OF REFERENCE

Title: Provision of independent clinical advice on plans for the transition of maternity, neonatal, paediatric and gynaecology services from Ealing Hospital (part of London North West Healthcare NHS Trust).

Sponsoring Organisation: NHS England (London). The outcome of the review will be shared with the NHS Trust Development Authority and Monitor.

Terms of reference agreed by:

Dr Jane Collins, Chair, Clinical Senate Council

on behalf the London Clinical Senate and

Dr David Finch, North West London Area Medical Director, NHS England (London)

on behalf of NHS England (London)

Date: 8 December 2014 (Revised 18 December 2014, text updated to reflect revised timelines 6 January 2015)

Purpose of the clinical review

Working with hospital doctors, midwives, nurse leaders, providers of community care, volunteer groups and charities, commissioners in North West London developed a set of proposals in 2012 to transform the way healthcare is delivered for people in North West London. The overall programme is known as Shaping a Healthier Future (SaHF).

The proposals included the intention to decommission maternity and paediatrics services currently provided on the Ealing Hospital site and commission equivalent alternative capacity at other hospitals across North West London supported by redesigned care pathways. The SaHF implementation board proposes that the transition of maternity services should take place by June 2015. Plans are based on an understanding of the interdependencies between these services. It was initially proposed that the transition of paediatric services should follow the transition of neonatal services (which occurs at the same time as the transition of maternity services) by no more than 3-6 months. It is now proposed that the transition of paediatric services takes place 12 months after the transition of neonatal services.

To ensure continued robustness of the proposals an independent clinical review has been requested to inform final decisions on the transition plans. The advice will inform NHS England (London)'s assurance process.

Scope of the review

The overall SaHF proposals have been developed through an extensive process of involvement including a period of public consultation. During 2013 the proposals were accepted by the Independent Reconfiguration Panel and by the Secretary of State. In this context the London Clinical Senate has been asked to provide advice on the following:

4. Whether there has been any substantive change to the case for change since the acceptance of the proposals by the Independent Reconfiguration Panel (IRP) and the Secretary of State

5. Whether the clinical models for maternity and paediatric services are still appropriate. In considering the clinical model for maternity services this should encompass:

    a. advice on the impact of *NICE guidelines CG190 on Intrapartum care: care of healthy women and their babies during childbirth*, published in December 2014, which include new recommendations in a number of areas including choosing place of birth.

    b. Advice on the impact of a recent proposal by the SaHF clinical board to maintain an early pregnancy unit and emergency gynaecology service at Ealing Hospital following transition of the maternity unit and other gynaecology services.

6. To review and comment on the proposed timing of these changes, including identification of risks and benefits in terms of clinical quality and safety. This includes consideration of the proposal to transition maternity services by June 2015 and paediatric services in June 2016.

Methodology and Clinical review team members

The approach will have two stages:

Stage 1: A review of the specific proposals for maternity, gynaecology, neonatal and paediatric services by clinical experts in these specialities to formulate the advice requested. This will involve:

a) A desk top review of key documentation supplied by the SaHF Programme Team.

b) Other documentation identified as important by the Review Leads

c) Discussions with appropriate clinical leads in North West London where identified to be necessary by the Review Leads

Stage 2: A discussion on the outcome of Stage 1 involving the specialty clinical experts and a wider group of Clinical Senate members to consider the findings and advice in a broader context and agree collective, definitive advice in light of this.

The Stage 1 review will be led by:

- Donna Ockenden, Midwifery Lead for the London Maternity Strategic Clinical Network (SCN)
- Professor Donald Peebles, Obstetric Lead for the London Maternity SCN, Head, Research Department of Maternal and Fetal Medicine and Honorary Consultant in Maternal/Fetal Medicine Institute for Women's Health, University College London
- Dr Katrina Erskine, Consultant Obstetrician & Gynaecologist, Homerton Hospital NHS Foundation Trust and London Maternity SCN Strategic Clinical Leadership Group
- Professor Russell Viner, Clinical Director, London Children's SCN, Professor of Adolescent Health, Institute of Child Health and Consultant in Adolescent Medicine, University College London Hospitals NHS Foundation Trust
- Dr Ryan Watkins Joint Clinical Director, Maternity, Children and Young People's Strategic Clinical Network, Kent and Surrey and Sussex

Other members of the relevant SCNs may be asked to participate in the review as is felt to be necessary by the Review Leads.

Stage 2 will involve a meeting chaired by an experienced clinician from the Clinical Senate Council or Forum which involves the Stage 1 Review Leads and up to six other Clinical Senate Council or Forum members, which will include the following:

- A GP
- A Medical Director
- A Director of Nursing
- An emergency medicine consultant
- The patient and public voice
- A Senate Council member

In order to ensure impartial advice is provided, the review process will not include any clinicians who have been involved in the development of the North West London proposals or who have been involved, or are likely to be involved, in any other part of the assurance process.

The Clinical Senate Council has agreed a set of principles which it believes are essential to improving quality of care and outcomes. The Council will seek evidence of, and promote, these principles in the issues it considers and the advice that it provides. They are:

- Ensuring a **seamless patient journey**
- Being **patient-centred** (this includes patient experience, tackling inequalities – in access and outcomes – and being responsive to the diversity within London's population)
- **Supporting self-care**
- **Improving standards** (these include use of evidence and research, application of
- **Improves outcomes** national guidance, best practice and innovation)
- Ensuring **value** (this includes issues such as long term sustainability, implications for the clinical workforce, consideration of unintended consequences)

Timeline

NHS England (London) has requested the advice in advance of a meeting to be held on 25 February 2015 at which Ealing Clinical Commissioning Group (CCG) will make a decision on proceeding with the transition plans. The proposed timeline is:

Stage 1 to complete early w/c 19 January 2015 (confirmed as 20 January)

Stage 2 to be scheduled w/c 26 January 2015 (confirmed as 28 January)

The intention is to produce a final report by mid-February 2015. The first draft will be available by 6 February then circulated to the Stage 2 group for review and agreement. If the Stage 2 group identifies a need to see any additional information to inform the provision of advice, the timeline may need to be adjusted to accommodate this whilst ensuring advice is available for the end of February meeting.

Risks and limitations

It is essential that the process through which the Clinical Senate formulates its advice is robust and the approach outlined is designed to do this within the constraints of the timeline set.

The process assumes that clinicians who will be asked to participate in the review will be able to meet to the timescales required. Availability of the SCN Clinical Leads/Directors w/c 26 January 2015 will be critical to meeting the timeline proposed.

Membership of the Stage 2 review team will in part be influenced by clinicians' availability (which will be requested with less than six weeks' notice). The breadth of Senate membership should ensure an appropriately experienced group is established.

Report

They key deliverable will be a summary report that addresses each of the three areas identified in the Scope of the Review for maternity, neonatal, paediatric and gynaecology services. The report should set out clearly the findings and advice from the review and the underpinning rationale.

Reporting arrangements

The Clinical Review Team will report to the Clinical Senate Council Chair who will receive the report prior to submission to NHS England (London). The Chair will ensure that:

- Terms of reference have been met
- The report is accessible, with findings and advice clearly articulated
- The advice is consistent with the findings and observations in the report

The timeline means it will not be possible to share the report with the full Senate Council prior to submission to the sponsoring organisation. The aim is to involve at least one Council member in the Stage 2 process.

Communication and media handling

NHS England (London) will be responsible for publication and dissemination of the report.

Communication on issues other than the clinical review and all media enquiries will be dealt with by the sponsoring organisation.

If helpful, the Clinical Senate will support the sponsoring organisation in presenting the outcome of the review and explaining the rationale for the advice provided e.g. at a key stakeholder meeting subject to discussion and availability of Clinical Review Team members.

Resources

The Clinical Senate will provide administrative support to the review team, including setting up the meetings and other duties as appropriate.

The sponsoring organisation will identify a named contact to assist in responding to any information requests and provide contact details of North West London clinical leads whom the Review Leads may wish to speak to.

Accountability and Governance

The Clinical Review Team is part of the London Clinical Senate's accountability and governance structure.

The Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring organisation. The sponsoring organisation remains accountable for decision making, however the review report may draw attention to specific issues, including any risks that the sponsoring organisation may wish to fully consider and address before progressing the proposals.

SD/18.12.14/v1.2 (update 06.01.15)

9.2 Review Team

The Stage 1

1. Dr Katrina Erskine, Consultant Obstetrician & Gynaecologist, Homerton Hospital NHS Foundation Trust and London Maternity SCN Strategic Clinical Leadership Group
2. Donna Ockenden, Midwifery Lead for the London Maternity Strategic Clinical Network (SCN)
3. Professor Donald Peebles, Obstetric Lead for the London Maternity SCN, Head, Research Department of Maternal and Fetal Medicine and Honorary Consultant in Maternal/Fetal Medicine Institute for Women's Health, University College London
4. Professor Russell Viner, Clinical Director, London Children's SCN, Professor of Adolescent Health, Institute of Child Health and Consultant in Adolescent Medicine, University College London Hospitals NHS Foundation Trust
5. Dr Ryan Watkins Joint Clinical Director, Maternity, Children and Young People's Strategic Clinical Network, Kent and Surrey and Sussex

The Stage 2

1. Dr Ian Abbs, Medical Director, Guys and St Thomas' NHS Foundation Trust (Chair)
2. Dr Katrina Erskine, Consultant Obstetrician & Gynaecologist, Homerton Hospital NHS Foundation Trust and London Maternity Strategic Clinical Network (SCN), Strategic Clinical Leadership Group
3. Sally Kirkpatrick, Clinical Senate Patient and Public Voice Group
4. Dr Mike Lane, GP, Wandsworth CCG Board Member and London Maternity Lead, Royal College of General Practitioners
5. Wendy Matthews, Clinical Senate Council and Director of Midwifery & Divisional Nurse Director, Barking, Havering and Redbridge University Hospitals NHS Trust
6. Donna Ockenden, Midwifery Lead for the London Maternity SCN
7. Professor Donald Peebles, Obstetric Lead for the London Maternity SCN, Head, Research Department of Maternal and Fetal Medicine and Honorary Consultant in Maternal/Fetal Medicine Institute for Women's Health, University College London
8. Deborah Sanders, Director of Nursing, Royal Free London NHS Foundation Trust
9. Professor Russell Viner, Clinical Director, London Children's SCN, Professor of Adolescent Health, Institute of Child Health and Consultant in Adolescent Medicine, University College London Hospitals NHS Foundation Trust
10. Dr Ryan Watkins, Joint Clinical Director, Maternity, Children and Young People's Strategic Clinical Network, Kent and Surrey and Sussex
11. Bindie Wood, Clinical Senate Patient and Public Voice Group