

Dr Mohini Parmar
Chair Ealing CCG

Cc:

Clare Parker Chief Officer CWHHE CCGs
Rob Larkman Chief Officer BHH CCGs
Thirza Sawtell SRO SaHF Programme

11 March 2015

Dear Mohini

Re: NHS England assurance on changes to Ealing maternity services

As you know, as part of Shaping a Healthier Future to transition Ealing maternity services to other Trusts in NW London, NHS England has set out a three stage assurance process:

Stage 1: areas for assurance before a decision is made by Ealing Governing Body on the timing of the transition

Stage 2: areas for assurance prior to the transition of services

Stage 3: areas for assurance in the year following transition of maternity services

I am writing to let you know the outcome of our Stage 1 assurance.

As part of our Stage 1 assurance, we commissioned a number of external reviews and worked with NHS Trust Development Authority colleagues reviewing documentation provided by the SaHF team. Set out below is a summary of the recommendations from:

1. The London Clinical Senate Review
2. Outcome of clinical conversations with lead clinicians in NW London Trusts
3. Review of SaHF demand and capacity modelling
4. Outcome of Stage 1 assurance.

1. The London Clinical Senate Report

In December 2014, NHS England commissioned the London Clinical Senate to advise on:

- Has there been any substantive change to the case for change since it was accepted by Secretary of State in October 2013
- Do the clinical models remain appropriate
- The proposed timing of these changes.

NHS England received the London Clinical Senate report on 6 February 2015. The Review Team found no material issues that alter the strategic case for change presented in 2013. At an operational level, they found the drivers for change have accelerated since the case for change was accepted especially in maternity, increasing risks to clinical quality and safety.

Overall, the Review Team found the clinical models remain appropriate. They found the model for maternity services will improve quality and choice and is consistent with the recently published guidance from NICE and the NHS Five Year Forward View.

With regard to timing, the Review Team advised very strongly that maternity services at Ealing should move in line with a proposed transition date of June 2015. Retaining the service beyond this timescale would significantly increase the risk of unplanned closure of the unit.

The Review Team also recommended that NHS England sought assurance on the following:

1. Further detail on the emergency gynaecology service at Ealing Hospital
 2. Satisfactory arrangements were in place for transitional and outreach neonatal services
 3. Development of an innovative paediatric service model at Ealing.
- 2. Clinical conversations between London Strategic Clinical Network Clinical Director and North West London clinicians from Trusts affected by SaHF proposals**

In February 2014, NHS England commissioned the Clinical Senate to undertake conversations with maternity, neonatology, gynaecology and paediatric clinicians in NW London Trusts. Views were unanimous from maternity and neonatology clinicians that Ealing services needed to transition to the planned timetable. Paediatric and gynaecology clinicians at Ealing were confident about the services planned to remain at Ealing following the transition of maternity services. All clinicians at London North West Healthcare, Imperial College Healthcare, West Middlesex, Chelsea and Westminster and Hillingdon Hospital Trusts were supportive of increased service provision at these sites and the timetable proposed.

3. Review of capacity and demand models

In December 2014, NHE England commissioned Ernst and Young LLP (EY) to review SaHF demand and capacity modelling for maternity and neonatal services underpinning the plans. EY provided a report with recommendations. These recommendations together with SaHF's response formed the basis of a workshop held on 12 February and a final workshop held on 19 February. The conclusions arising from the EY review and workshops are contained in 4.II below.

4. Outcome of Stage 1 assurance

The Stage 1 assurance was undertaken in three sections:

- I. Case for change
- II. Impact of activity moving to receiving sites
- III. Impact on paediatric and gynaecology services remaining at Ealing Hospital post maternity transition

The outcome of the assurance is summarised below with further detail given in the following paragraphs.

Assurance section	NHS England decision
Case for change	Assured
Impact of activity moving to receiving sites	Partly assured
Impact on paediatric and gynaecology services remaining at Ealing Hospital post maternity transition	Partly assured

Case for change

As a result of the Clinical Senate Report and Clinical Conversations, NHS England are assured there is a clear, well-articulated case for change that is supported by Trust clinicians, strategic clinical network leaders and the London Clinical Senate. The risks of delaying the transition of maternity services are clearly identified. The planned transition is consistent with NICE guidelines and the Five Year Forward View. NHS England is fully assured on the case for change.

Impact of activity moving to receiving sites

Demand

On behalf of the CCGs and providers, SaHF developed an allocation model to understand how Ealing births may be distributed to receiving sites and developed a bed model which recommended maternity inpatient bed numbers based on acuity of site and number of deliveries. The SaHF programme also developed a workforce model. EY reviewed the distribution and capacity models for maternity and neonatal services. EY's final report confirmed that overall modelling was robust. The first workshop concluded that flat growth for births was the most realistic assumption to model capacity on. Capacity plans for Trusts include excess capacity for growth of 1300 births. NHS England is therefore assured that sufficient capacity has been built into the plans.

Workforce

Detailed workforce modelling linked to demand planning, has been undertaken. Receiving Trusts have comprehensive workforce and recruitment plans in place which are supported by the transfer of Ealing staff. NHS England is partly assured on workforce. Further assurance is sought that the numbers of staff as set out in the February 2105 workforce plan, will be in place at all receiving sites before implementation.. Posts to support Trust implementation have been established including an Operations Director and Trust liaison posts. As part of Stage 3, further assurance will be sought on continued movement towards London and national standards for improved staffing levels, where appropriate.

Physical capacity

Sufficient physical space is available at Northwick Park, West Middlesex, Chelsea and Westminster, Hillingdon and St Mary's to receive the transfer of maternity and neonatal services. Sufficient space at Queen Charlotte's is dependent on estates work being completed in May 2015. NHS England is partly assured on physical capacity. Confirmation is sought that work at Queen Charlotte's will be completed in May.

Managing capacity and demand and supporting women's choice

NW London CCGs have put in place a maternity booking system that helps women who may not get their first choice of maternity unit and supports system wide monitoring of demand and capacity to manage potential surges in demand. Based on an independent review that the maternity booking system is well thought through with defined clear objectives and lines of accountability, NHS England is partly assured that the maternity booking system is fit for purpose. Further testing for Stage 1 is required on the flow of data between Trusts and the system to ensure it can support monitoring and surge management. It is recommended for Stage 2 assurance that the ability of the system to support women's choice is tested.

Impact on paediatric and gynaecology services at Ealing Hospital

Based on the Senate Review and the Clinical Conversations, NHS England is assured that the proposed retention of paediatric and gynaecology services on the Ealing site post maternity transition are supported by London North West Trust clinicians, strategic clinical network leaders and the London Clinical Senate. In line with the Senate Report recommendations, further detail is sought on the emergency gynaecology model for Stage 1 assurance. For Stage 3 assurance, further detail will be sought on the paediatric model of care in relation to day surgery, rapid access clinic and transition arrangements for young people.

Summary of recommendations from Stage 1

My letter has identified those areas where NHS England is fully assured in Stage 1 and those areas where further assurance is required. Areas for assurance in Stages 2 and 3 have also been identified in Stage 1 where relevant. It should be noted this is not an exhaustive list of assurance activities for Stages 2 and 3. A summary of all recommendations relating to further assurance is set out in the table below.

Table of recommendations for further assurance

Stage 1 Pre decision	
1	Confirmation that number of midwives, consultants, neonatal nurses and sonographers, as set out in the SaHF workforce plan in February 2015, will be in place at each receiving site by the time of transition
2	Director of Operations and Trust Liaison posts filled
3	Estates work at Queen's Charlotte will be completed in advance of transition
4	Testing of maternity booking system for monitoring booking at Trusts
5	Details of gynaecology emergency model at Ealing Hospital
Stage 2 Pre Transition	
6	Testing of maternity booking system to support women's choice is tested by women who are booked in at Ealing Hospital and may need to transition provider
7	Individual communication to women who are likely to be most affected by the transition
8	Communication to women about the importance of booking early and choices available and information to women about the maternity booking system
Stage 3 Following transition	
9	Continued movement towards London and national standards on improved staffing levels, where relevant.
10	Detail on the paediatric model of care at Ealing Hospital in respect day care and day surgery, rapid access clinic and transition arrangements for young people.
11	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

We will be in touch shortly about the additional information we need to conclude Stage 1. NHS England acknowledges the considerable work the SaHF programme, Ealing CCG and Trust clinicians and managers have put into developing these proposals.

We are aware that there are other issues Ealing Governing Body may wish to consider in making a decision on the timing of the transition. If so, please let us know and we will be happy to assist you.

Yours sincerely,



Simon Weldon
Chief Operating Officer
NHS England London Region