



# Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

## Agenda

Tuesday 7 October 2014

7.00 pm

Small Hall - Hammersmith Town Hall

### MEMBERSHIP

Administration:	Opposition	Co-optees
Councillor Rory Vaughan (Chair) Councillor Elaine Chumnerly (Vice-chair) Councillor Hannah Barlow	Councillor Andrew Brown Councillor Joe Carlebach	Debbie Domb (HAFCAC) Bryan Naylor (Age UK) Patrick McVeigh (Action on Disability)

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[http://www.lbhf.gov.uk/Directory/Council and Democracy](http://www.lbhf.gov.uk/Directory/Council_and_Democracy)

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Date Issued: 26 September 2014

# Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

## Agenda

7 October 2014

<u>Item</u>		<u>Pages</u>
<b>1.</b>	<b>MINUTES OF THE PREVIOUS MEETING AND ACTIONS</b>	1 - 14
	(a) To approve as an accurate record and the Chair to sign the minutes of the meeting of the Health, Adult Social Care and Social Inclusion PAC held on 22 July 2014.	
	(b) To note the outstanding actions.	
<b>2.</b>	<b>APOLOGIES FOR ABSENCE</b>	
<b>3.</b>	<b>DECLARATION OF INTEREST</b>	
	<p>If a Councillor has a disclosable pecuniary interest in a particular item, whether or not it is entered in the Authority's register of interests, or any other significant interest which they consider should be declared in the public interest, they should declare the existence and, unless it is a sensitive interest as defined in the Member Code of Conduct, the nature of the interest at the commencement of the consideration of that item or as soon as it becomes apparent.</p> <p>At meetings where members of the public are allowed to be in attendance and speak, any Councillor with a disclosable pecuniary interest or other significant interest may also make representations, give evidence or answer questions about the matter. The Councillor must then withdraw immediately from the meeting before the matter is discussed and any vote taken.</p> <p>Where Members of the public are not allowed to be in attendance and speak, then the Councillor with a disclosable pecuniary interest should withdraw from the meeting whilst the matter is under consideration. Councillors who have declared other significant interests should also withdraw from the meeting if they consider their continued participation in the matter would not be reasonable in the circumstances and may give rise to a perception of a conflict of interest.</p> <p>Councillors are not obliged to withdraw from the meeting where a dispensation to that effect has been obtained from the Audit, Pensions and Standards Committee.</p>	
<b>4.</b>	<b>HAMMERSMITH &amp; FULHAM FOODBANK</b>	
	<p>The Council's administration pledged to support food banks in its manifesto and specifically, the manifest said:</p> <p>'We will:</p> <ul style="list-style-type: none"><li>• Support local food banks and take measures to sort out the causes of</li></ul>	

- food poverty
- Make the council sort out its ineffective processes that contribute to food poverty'

Daphine Aikens, Hammersmith & Fulham Foodbank Manager ([www.hffb.org](http://www.hffb.org)) will give oral evidence to inform the PAC of the current situation around food poverty in Hammersmith & Fulham.

- 5. HAMMERSMITH AND FULHAM CLINICAL COMMISSIONING GROUP/IMPERIAL COLLEGE HEALTHCARE TRUST** 15 - 118
- (i) Closure of Hammersmith Hospital Emergency Unit and Assurance Framework.
  - (ii) Imperial College Healthcare NHS Trust: Update on Clinical Strategy.
- 6. 2015 MEDIUM TERM FINANCIAL STRATEGY (MFTS) - UPDATE** 119 - 124
- To receive a report on the anticipated budget gap and the proposed departmental budget for Adult Social Care.
- 7. WORK PROGRAMME** 125 - 144
- The Committee is asked to consider its work programme for the remainder of the municipal year.
- 8. DATES OF FUTURE MEETINGS**
- Monday 17 November 2014
  - Tuesday 6 January 2015
  - Wednesday 4 February 2015
  - Monday 13 April 2015

London Borough of Hammersmith & Fulham



# Health, Adult Social Care and Social Inclusion Policy and Accountability Committee Minutes

Tuesday 22 July 2014

## **PRESENT**

**Committee members:** Councillors Rory Vaughan (Chair), Hannah Barlow, Andrew Brown, Joe Carlebach and Elaine Chumnerly (Vice-chair)

**Co-opted members:** Bryan Naylor (Age UK) and Patrick McVeigh (Action on Disability)

**Other Councillors:** Councillors Stephen Cowan, Sue Fennimore and Vivienne Lukey

**Officers:** Dr Tracey Batton (Chief Executive, Imperial College Healthcare NHS Trust), Craig Bowdery (Scrutiny Manager), Liz Bruce (Tri-Borough Director of Adult Social Care), Sarah Garrett (SaHF Communications Lead), Trish Longdon (Lay Member of H&F CCG), Dr Susan McGoldrick (Vice-chair, H&F CCG), Dr Tim Orchard (Chief of Service for Specialist Medicine, Imperial College Healthcare NHS Trust), Clare Parker (Deputy Chief Officer, H&F CCG), Dr Mark Spencer (Medical Director for SaHF) and Dr Tim Spicer (H&F CCG).

### 1. **APOLOGIES FOR ABSENCE**

There were no apologies for absence.

### 2. **DECLARATION OF INTEREST**

Cllr Carlebach declared an interest as a Trustee of Arthritis Research UK, which was a landholder at the Charing Cross hospital site, and also as a Non-

Executive Director of the Royal National Orthopaedic Hospital Trust. Cllr Fennimore declared an interest as Chair of Hammersmith & Fulham MIND.

Cllr Barlow declared an interest under item 6 as she worked for a PR company that included Macmillan Cancer Support as a client.

### **3. APPOINTMENT OF VICE-CHAIR**

The Chair nominated Cllr Carlebach as Vice-Chair of the Committee, who explained that he understood this role was usually given to the opposition spokesmen for health, which was Cllr Brown. The Chair agreed that there would be a brief adjournment while the matter was discussed.

*The Committee adjourned at 19:08  
The Committee reconvened at 19:10*

Cllrs Brown and Carlebach requested that the appointment of Vice-Chair be deferred until the subsequent evening's meeting of the Full Council. The Chair explained that he wanted to resolve the issue at this meeting and proposed putting the matter to a formal vote. Cllr Carlebach questioned the urgency of the decision and expressed his disappointment that the new committee was starting its work without attempts at cross-party working.

The Chair subsequently withdrew his nomination for Cllr Carlebach and nominated Cllr Chumnerly instead. Cllr Carlebach nominated Cllr Brown. The Committee voted as follows:

Cllr Chumnerly	-	3 votes
Cllr Brown	-	2 votes

#### **RESOLVED –**

That Cllr Chumnerly be appointed Vice-Chair of the Committee for the 2014/15 municipal year.

### **4. TERMS OF REFERENCE AND MEMBERSHIP**

#### **RESOLVED –**

That the Terms of Reference and membership be noted.

### **5. APPOINTMENT OF CO-OPTED MEMBERS**

The Chair proposed that three co-opted members be appointed, as shown on the agenda. Cllr Brown explained that he supported the reappointment of Mr Naylor and Mr McVeigh, but felt that Ms Domb's appointment should be deferred until a more proportional method of nominating co-opted members could be developed. The Committee voted on the three proposals as follows:

For	-	3
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Against - 0  
Not voting - 2

### **RESOLVED –**

That the Committee co-opt the following as non-voting members for the 2014/15 municipal year:

- Bryan Naylor, Age UK
- Patrick McVeigh, Action on Disability
- Debbie Domb, HAFCAC

## **6. IMPERIAL COLLEGE HEALTHCARE NHS TRUST: CANCER SERVICES UPDATE**

The Chair welcomed Steve McManus, Chief Operating Officer from the Imperial College Healthcare NHS Trust and received his report updating on cancer services. Mr McManus explained that there were eight standards used by NHS England to measure performance, and that at the start of 2012/13 the Trust was only meeting one of these. By the final quarter of 2013/14, all eight standards were being met.

The Committee discussed the patient experience and asked what steps were being taken by the Trust to improve it. Mr McManus agreed that the patient experience for cancer services was not yet as positive as it should be. In order to rectify this, the Trust was working with Macmillan Cancer Support to introduce patient navigators who would help patients move between departments and establish a clear pathway for the patient's care. This was based on a successful model used in the USA and would also free-up clinical nurse time. The programme would be rolled-out in the autumn. The Trust was also engaging with a national programme supporting early detection and diagnosis and exploring how clinical knowledge could be better used to help support GPs. Members suggested that the Committee should review the success of these interventions at a later meeting.

*Cllr Barlow declared an interest as an employee of a PR firm which included Macmillan Cancer Support as a client*

Members asked how the *Shaping a Healthier Future* programme would impact on the quality of oncology care. Mr McManus described how the programme intended to provide the best possible clinical environment by co-locating expertise and experience. It was felt that this was the best approach for patient care and would facilitate rapid treatment.

Mr Naylor reported that in his experience the Trust's provision of cancer treatment was excellent, once the clinical care had begun. Prior to this however, the administration and clerical service was appalling. He also described how his experiences were not untypical and argued that the administrative aspects of cancer care required as much attention as the clinical. Mr McManus agreed that both aspects were important and acknowledged that while the Trust's clinical outcomes were among the best in the country, there was much work to be done to improve the administration.

The Committee discussed the provision of training for staff working with patients with a Special Educational Need (SEN) or a learning disability. Mr McVeigh explained that he had been informed that there was no specific training to equip staff with the skills needed to ensure high quality care for these vulnerable patients, and that his organisation (Action on Disability) had provided some informal training which it could and should deliver to all staff. Mr McManus explained that providing equitable care for all patients was a priority, and as such the Chief Nurse would welcome Mr McVeigh's input. On behalf of Age UK, Mr Naylor also offered assistance.

Cllr Lukey asked whether the cancer services at Charing Cross would be split across multiple sites as part of the *Shaping a Healthier Future* plans. Mr McManus explained that oncology was currently split across several sites and the Trust was aware that this caused challenges for patients and staff. It was therefore working on ways to make sure services were as seamless as possible. However this report addressed performance only, so issues regarding future service configuration could be picked-up under the following agenda item.

Members expressed concern that patients undergoing chemotherapy were not being offered the flu vaccination, meaning extremely vulnerable patients were not being immunised. Mr McManus explained that the Trust would be working with the CCG leading up to the winter to ensure that all patients were offered the opportunity to have the vaccine and that guidance be given to all staff to make them aware of this policy. It was questioned whether flu vaccines would also be offered to patients at Queen Charlotte's hospital and Mr McManus undertook to clarify whether the policy extended to that site. The Committee agreed that the provision of flu vaccinations should be considered at a future meeting and Mr McManus undertook to provide a report on the number of vaccinations given to patients and staff. It was also requested that the report include information on the provision of the shingles vaccine.

**Action: Imperial College NHS Trust / Committee Coordinator**

The Chair summed up the discussion and highlighted the Committee's request for a report on the flu and shingles vaccines, the concern regarding the administration of cancer care services and the offer of assistance from Action on Disability and Age UK to help ensure all patients received the same level of care. Members also requested that the Trust provide a report on how it proposed to improve the time between the patient presenting at their GP and a clinical referral. The Chair acknowledged the Trust's improved performance for cancer care, and thanked Mr McManus for his attendance.

**Action: Imperial College NHS Trust / CCG**

## **RESOLVED –**

That the Committee note the report.

## **7. SHAPING A HEALTHIER FUTURE: UPDATE**

The Committee received a report and presentation from the Hammersmith & Fulham CCG updating on the *Shaping a Healthier Future* programme and the assurance framework for the planned Hammersmith Hospital Emergency Unit closure.

Members noted that the presentation described the improvements made to the provision of GP services, such as a system that allowed GPs, with patient consent, to access a patient's records from different locations across the borough. Members asked if this would also apply to practises in Kensington & Chelsea and it was confirmed that it would, with most of the eight boroughs in the North West London cluster using the same system. Members also asked for confirmation of the current patient numbers and the capacity of the new Parkview Centre for Health & Wellbeing. The presentation also included an overview analysis of where the patients who used the Central Middlesex and Hammersmith Hospitals lived, about which the Committee requested further details.

#### **Action: CCG / Shaping a Healthier Future**

The Committee asked for confirmation of consultant cover at the hospitals now as compared to the future proposals. Officers explained that St Mary's currently had 12 ED physicians, Charing Cross 5.6 and Hammersmith had none as it was staffed by acute physicians only. Clinical cover at Hammersmith had been an ongoing concern with a 40-60% vacancy rate for the last two years. Under the plans, it was proposed that Hammersmith would get 24 hours a day cover staffed by GPs and nurse practitioners, St Mary's would have five additional A&E consultants and Charing Cross four. Patient numbers at the hospitals were currently approximately 100 a day at St Mary's A&E and 160 a day in the Urgent Care Centre(UCC); 80 a day in Charing Cross A&E and 120 a day in the UCC; and 60 a day in the Hammersmith A&E and 80 in the UCC, although this was expected to increase given the move to 24 hour a day opening at Hammersmith.

Members noted the identified risk that after 10<sup>th</sup> September the emergency department at Hammersmith might not be able to be adequately staffed. Officers explained that this related to junior and middle grade roles which had been recruited to on six week contracts from 1<sup>st</sup> August. Therefore if the department did not close on 10<sup>th</sup> September as planned the hospital would need to recruit locum cover, which in light of the existing 40-60% vacancy rate could prove difficult.

The Committee expressed concern regarding the timing of the communication plan, with the advertising and literature not due to start until 28<sup>th</sup> July, meaning most of the campaign would take place during August when many people were on holiday. Members were also concerned that the literature implied that adults and children alike could visit the UCCs with infections. The UCCs would not have specialist paediatricians on site and so it was suggested that children were being put at risk by misleading information from *Shaping a Healthier Future*. Members cited the Wolfe Report which argued that in London alone a child dies unnecessarily each day, with the delays in getting to tertiary care being a major reason for this. As such the Committee felt that the communications relating to the closure of the A&E needed to be



much clearer to avoid unnecessary confusion or delay. Officers explained that Hammersmith did not currently have specialist paediatric care and that most parents took ill children to their GP who were more than capable of treating them. Members disagreed and stated that in their view encouraging parents with ill children to present at the UCC was not safe. It was suggested that a full directory of medical services should be made available. Officers explained that the communications plan was based on using a variety of mediums and formats: the larger billboards would focus on communicating the message that things were changing, and that these would be supplemented by leaflets and letter-drops which would include the more detailed information suggested by the councillors. The Committee was also assured that the Royal College of Paediatricians did not have concerns regarding the proposals, with the Vice Chair of the Royal College sitting on the *Shaping a Healthier Future* Board. Members suggested that the Vice Chair should then communicate his assurances to the committee, as well as that of the London Ambulance Service.

Members noted the intention to use schools to circulate information to parents by sending leaflets home with children, and asked whether health workers could be used in a similar way to ensure parents of younger children were reached. Officers explained that they were working with nurseries and hospitals to do so as they sought to reach as wider an audience as possible.

The Committee noted that the advertising highlighted that the UCCs would both be open 24/7, but explained that most residents were not aware of this. Officers explained that it was a challenge to communicate the information, partly because the extended opening hours were originally only planned for the winter months. Now it was confirmed as being year-round, it was acknowledged that this needed to be advertised further.

Members stated their alarm that NHS England had made a decision that patients not presenting at their GP for more than three years would be struck off their practice's register, particularly children. Officers explained that this was not actually a formal policy and so wasn't an issue in the borough, however it was also acknowledged that there had been instances where the system had failed.

The Committee discussed the borough's diverse population and asked how the message of the changes was being communicated to those residents who did not speak English as their primary language. Officers explained that they had worked with the hospitals to identify the languages spoken in the communities they served and that translated and easy-read versions would be developed. They were also working with CITAS to deliver face-to-face communication with community leaders and would be advertising in the local non-English newspapers. Members requested confirmation of what community groups had been identified so that they could check all of their residents were being reached.

**Action: Shaping a Healthier Future**

Members asked how the communications plan was being monitored and evaluated. Officers explained that independent company had been hired to

review the communication during August and again in September after the closure. They were also tracking data such as the number of pharmacy bags with the information printed on them had been distributed and attending GP network meetings to assess their understanding. Anecdotal evidence would also prove important. The Committee was informed that it was possible to guarantee which GP surgeries had received the information, but it was not possible to ascertain who had displayed the information or understood it. The independent evaluation would however seek to measure the impact and understanding of the message.

The Committee considered the importance of GPs in ensuring the reconfiguration worked and asked how the UCCs would have enough GPs to be adequately staffed when there was an existing high vacancy rate. Officers explained that the 9% vacancy rate at Hammersmith mirrored that across the Trust and was considered to be a manageable level. There was an ongoing recruitment programme and a lot of work had been carried out to promote Imperial as a good place to work. It was also confirmed that the 24/7 UCC would be fully-staffed and that the Trust was working with education providers to train more GPs and to keep trainees within London. Members suggested that the Committee should revisit this issue in six months' time.

Members of the Committee explained that they found the text on the proposed leaflet to be confusing and argued that if they had a broken arm, the leaflet did not tell them where to go for treatment. Officers explained that the leaflet was just one aspect of the communication which was being supplemented by more detailed documentation that was being letter-dropped to people's homes and would also be included in newspapers. The communication was designed to reach as many people as possible and officers disagreed that the different formats gave mixed messages. The Committee was also informed that the language and formats had been tested by an individual organisation and tested with a group of uninformed local residents to test their understanding and interpretation. Members highlighted that there was no longer a local paper covering the borough. It was explained that papers covering the area served by Central Middlesex Hospital would be used, but in the absence of the Hammersmith Chronicle they would be using more billboards. The full range of media used was detailed in the full communications plan, which was available to the Committee. If members wished to review it.

Members sought assurances that a repeat of the confusion following the closure of the A&E at Chase Farm Hospital would be avoided at Hammersmith. Officers explained that lessons had been learnt from Chase Farm with regard to communicating with hard to reach groups, and also that as the Hammersmith UCC would be open 24/7, there would not be the same issues with night closures. The Committee was informed that *Shaping a Healthier Future* included an Equalities & Engagement Group which focussed on reaching all parts of the community and had developed a strategy for hard to reach groups, which could be provided upon request.

The Committee noted the plans to deliver leaflets to homes, but members highlighted that many people put such leaflets straight into the bin without

reading them. Officers explained that they were aware of this and so the leaflets would be delivered in branded envelopes which had proven to be more likely to be read. They would also be delivered in a separate delivery so would not be mixed with other leaflets such as those for fast food restaurants. They would also be working closely with GPs by providing them with leaflets, posters and displays for electronic screens and would be meeting regularly with representatives to ensure they have the answers to the public's questions.

The Chair proposed that the meeting guillotine be extended to 10:30pm and committee members agreed.

The Leader sought clarification of who had advised on the communication and advertising and requested that their advice on the timing of the campaign be published. Officers explained that MC Saatchi had led on the campaign, but the timing was driven by clinical needs rather than communication so no such advice was given. The Leader also asked for confirmation of what outcome targets were given to MC Saatchi at the commencement of the campaign as he argued that the decision to use the work 'changing' rather than 'closing' to describe the A&Es was misleading and driven by a motivation to limit public opposition. In his view, the confusion caused by the campaign was putting lives at risk. Officers explained that the choice of 'changing' was made after testing different versions with the public to see what they preferred, and offered to share the results of the testing with the Committee. They also responded that the reason why independent testing took place was to avoid putting lives at risk and to ascertain how best to communicate to local residents. The Leader explained that he would therefore assume that the campaign had not started with a set target of how many people would actually understand the changes by the time they took effect. Officers explained that the communication plan would be evaluated and reviewed during the campaign and afterwards and officers undertook to share the evaluation criteria with the committee.

#### **Action: Shaping a Healthier Future**

The Leader emphasised that the use of the word 'changing' was misleading and his assumption that the communications plan was based on limiting public opposition rather than ensuring public understanding. Officers attempted to explain that there would be arrangements in place at Hammersmith for those presenting at the UCC requiring emergency care.

The Leader highlighted that the College of Emergency Medicine recommended that a detailed analysis of ambulance staffing requirements be included as part of any reconfiguration and asked whether this had been done. Officers explained that this had been carried out and was detailed in the report. It had been identified that an additional eight crew would be needed, for which *Shaping a Healthier Future* had helped to fund and recruit. The Leader also sought details of a skills-gap analysis that was also recommended by the College of Emergency Medicine to ensure the GPs staffing the UCC had the correct skills. Officers confirmed that this had been done in conjunction with Imperial and additional training such as ECG and X-ray interpretation had been identified as being required for some. They

undertook to provide full details of the gap analysis and the methodology used.

**Action: Shaping a Healthier Future**

The Leader asked for confirmation of the percentage of patients currently treated in A&E that would be treated in the community. Officers explained that whilst increasing numbers of patients were being treated in the community, the *Shaping a Healthier Future* plans were not predicated on this and this was not the reason for the closure. The Hammersmith A&E had a comparable capacity to other sites and so there was not a need to reduce demand. Officers undertook to provide full details of expected patient numbers following the closure of the A&E.

**Action: Shaping a Healthier Future**

The Leader sought clarification of how the NHS had accounted for increases in the local population and taken account of housing developments in the north of the borough. Officers explained that they used the GLA's data on population trends. The Leader explained that local housing policies had changed and asked whether the anticipated demand on services had been reviewed since the reconfiguration began. Officers explained that population figures had been used in the initial outline business case, but the rest of the reconfiguration process was based on improving services rather than on changing needs.

The Leader asked the medical professionals present whether they had any nervousness that people did not understand the differences between an A&E and an UCC, and whether they were concerned that people would present at the wrong location, putting lives at risk. They explained that in their view the current system was already complex and that measures were already in place to help patients navigate the system. Dr McGoldrick explained that when the communications were first discussed, she had favoured using the word 'closing', but because the issue was so important, independent professional advice had been sought. The Leader noted that the professional advice was dependent upon the brief it was given. Dr Spicer also explained that he had initially favoured 'closing', but that as well as the professional advice, they had listened to the resident groups with whom the language had been tested who preferred 'changing'. He also explained that the Committee had only seen a small part of the communications and that as well as the leaflets and billboards there were elements giving much more detail. The Leader suggested that the communication plan was not doing the job the clinicians wanted it to, and that they should be concerned as it was putting lives at risk. Dr Batton explained that she was concerned about the current A&E department at Hammersmith. There was a clear clinical imperative to make changes there and she believed this change was being delivered in a planned, sustainable way. To do so, the Trust had taken professional advice and had tested this advice with independent resident groups with no prior knowledge of the proposals. She explained that there were different views on all communication and advertising campaigns, but despite this the aim of improving healthcare was shared by everyone. The department was not sustainable and needed to be changed, and she was confident that lives were not being put at risk.

The Chair asked when the outline business case would be published and why it was intended to not be publicly published. Officers explained that following approval by the Trust Board, the business case would be submitted to the TDA (Trust Development Authority) and would be published between three and six months later. On advice of the TDA, it would not be publicly available until after it had been approved, however the clinical strategy would cover the key points and this would be made public.

Following a question from the Chair, officers confirmed that the combined communications budget for the closure of Hammersmith and Central Middlesex A&Es was £400,000.

The Chair expressed concern at the situation at Hammersmith A&E with no consultants and explained that he would have expected cover to be in place. Officers explained that Hammersmith hadn't had a full A&E for over fifteen years since the use of trainees there had stopped a decade ago. As there were no trainees, there were no consultants on site with the service relying on acute physicians for cover. It had been increasingly difficult to get good locum cover due to accumulated problems over the years, which were unrelated to the proposed changes.

The Chair thanked the NHS representatives for their attendance.

**RESOLVED –**

That the report be noted.

**8. NORTH WEST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE**

The Chair explained that it was the view of the administration that bi-partisan working on health had broken down, and therefore nominated himself and Cllr Sharon Holder to be appointed to the North West London Joint Health Overview & Scrutiny Committee (JHOSC).

Cllr Brown explained that the JHOSC represented the eight boroughs in north west London and that it was required to include members of both parties, and that it had done previously. He argued that the Chair's nominations were personal and political antagonisms and he asked for a ruling from the Scrutiny Manager. When he was unable to get this ruling, Cllr Brown moved a vote of no confidence in the Chair arguing that he and his colleagues were being prevented from carrying out effective scrutiny.

The Committee voted on the nominations as follows:

Those in favour of the nominations:	-	3
Those against the nominations:	-	2

**RESOLVED –**

That Cllrs Rory Vaughan and Sharon Holder be appointed to the North West London JHOSC.

The Committee then voted on the vote of no confidence motion:

Those with no confidence in the Chair: - 2  
Those with confidence in the Chair: - 3

The motion was lost and fell.

**9. THE ROLE OF HEALTHWATCH IN HAMMERSMITH & FULHAM**

The Committee received a report from the Director of Healthwatch Central West London. The Chair thanked Healthwatch for attending but explained that there was insufficient time for members' questions.

**RESOLVED –**

That the report be noted.

**10. CARE ACT IMPLEMENTATION: PROGRESS UPDATE**

The Committee received a report from the Executive Director for Adult Social Care. The Chair thanked officers for attending but explained that there was insufficient time for members' questions.

**RESOLVED –**

That the report be noted.

**11. WORK PROGRAMME**

This item was not discussed due to the guillotine falling at 10:30pm.

**12. DATES OF FUTURE MEETINGS**

The Committee noted the future meeting dates as follows:

- Tuesday 7 October 2014
- Monday 17 November 2014
- Tuesday 6 January 2015
- Wednesday 4 February 2015
- Monday 13 April 2015

Meeting started: 7.00pm  
Meeting ended: 10.30 pm

Chairman .....

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## APPENDIX 1


### Recommendation and Action Tracking

The schedule below sets out progress in respect of those substantive recommendations and actions arising from the Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

Minute No.	Item	Action/recommendation	Lead Responsibility Progress/Outcome	Status
6.	Imperial College Healthcare NHS Trust: Cancer Services Update	Information to be provided in respect of: <u>Vaccinations</u> : (i) whether flu vaccines would also be offered to patients at Queen Charlotte's hospital: (ii) the number of vaccinations given to patients and staff, to include the provision of the shingles vaccine.  (iii) <u>Cancer Care</u> : action to improve the time between a patient presenting at their GP and a clinical referral.	Imperial College Healthcare NHS Trust	
7.	Shaping a Healthier Future: Update	Information to be provided in respect of: (i) current patient numbers and the capacity of the new Parkview Centre for Health & Wellbeing (ii) further detail in respect of where the patients who used the Central Middlesex and Hammersmith Hospitals lived <u>Hammersmith Hospital</u> (iii) the community groups identified	<u>H&amp;F CCG/Shaping a Healthier Future</u> Information provided  A full list of community groups which have received leaflets and posters about the changes as well as the list of organisations we are engaging in face-to-face	Complete



		<p>(iv) communication plan: evaluation criteria</p> <p>(v) skills-gap analysis and methodology</p> <p>(vi) expected patient numbers following the closure of the A&amp;E.</p>		
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	<b>London Borough of Hammersmith &amp; Fulham</b>	
	<b>HEALTH, ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</b>	
<b>7 October 2014</b>		
<b>Hammersmith and Fulham Clinical Commissioning Group/Imperial College Healthcare NHS Trust</b>		
<b>Report of Hammersmith and Fulham Clinical Commissioning Group/Imperial College Healthcare NHS Trust</b>		
<b>Open Report</b>		
<b>Classification - For Review &amp; Comment</b>		
<b>Key Decision: No</b>		
<b>Wards Affected: All</b>		
<b>Accountable Executive Director: n/a</b>		
<b>Report Author: Hammersmith and Fulham Clinical Commissioning Group/Imperial Healthcare NHS Trust</b>		<b>Contact Details:</b>

## 1. EXECUTIVE SUMMARY

The report provides an update on:

- (i) Closure of Hammersmith Hospital Emergency Unit and Assurance Framework.
- (ii) Imperial College Healthcare Clinical Strategy.

## 2. RECOMMENDATIONS

The committee is asked to review and comment on the report.

### LOCAL GOVERNMENT ACT 2000 LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		

# Hammersmith and Fulham Clinical Commissioning Group

## Hammersmith & Fulham Overview & Scrutiny Committee

### Report on closure of Hammersmith Hospital Emergency Unit and Assurance Framework

#### 1. Implementation of changes to accident & emergency services at Hammersmith Hospital

Changes to Hammersmith Hospital emergency and urgent care services took effect from 09.00am on Wednesday 10 September 2014.

These changes are part of 'Shaping a Healthier Future', the major programme led by clinicians to improve health services in North West London.

On 28 May, Imperial College Healthcare NHS Trust's Board approved the planned closure date for Hammersmith Hospital's A&E of 10 September 2014. Assurance was undertaken by Hammersmith & Fulham CCG, NHS England and the NHS Trust Development Authority, the Shaping a healthier future (SaHF) programme, and Imperial College Healthcare to ensure the changes were implemented safely. The assurance process is described in further detail in section 2 below.

The urgent care centre at Hammersmith Hospital expanded on the 23 June 2014, to be open 24 hours a day, seven days a week, in preparation for the closure of the hospital's A&E department on 10 September.

More than half the patients who attend Hammersmith Hospital's urgent or emergency services are seen at its urgent care centre, and these patients will continue to be treated there. The London Ambulance Service has been involved in the planning of these changes to ensure that all patients are transported to the most appropriate hospital depending on their condition.

People can go to the urgent care centres for minor illnesses and injuries that are urgent but not life-threatening. They are run by experienced GPs and nurses with skills in urgent care. Urgent care centres are for patients who cannot wait for a GP appointment, but do not need the emergency treatment provided by an A&E. Adults and children can use the urgent care centre for:

- Sprains & strains of ankles wrists and knees
- Minor burns of small areas
- Cuts, including those that need stitches
- Minor infections that GPs commonly treat, e.g. ear, nose and throat
- Minor broken bones such as toes, fingers and collarbone
- X-rays.

Anyone who self-presents at Hammersmith Hospital and is found to have a serious condition will receive immediate care and be transferred by London ambulance to the A&E or specialist unit most suitable for their health needs.

Patients suspected of having a heart attack will continue to be taken straight to Hammersmith Hospital which has one of London's eight heart attack centres, providing specialist emergency care 24 hours a day, seven days a week, for people in west London suffering heart attacks or arrhythmia.

The main priority in implementing the changes to accident & emergency services at Hammersmith Hospital is patient care and safety and detailed planning for these changes has been put in place. The new

processes and services have been tested to ensure safe high quality care. Patient activity and performance will continue to be closely monitored after the changes have taken effect to ensure there is no deterioration.

A project was established in early 2014 with the specific remit of managing both the safe closure of the Hammersmith Hospital A&E and the successful transition of activity to the remaining 24/7 urgent care centre on the site and other providers, ensuring that clinical safety and quality were maintained throughout the planning and transition period.

The changes that have been implemented at the Hammersmith Hospital site to ensure readiness for this transition are as follows:

- Urgent care centre operating on a 24 hours a day, 7 days a week basis from 23 June 2014
- Transition to London Health Programme standards completed by September 2014
- Opening of a 24/7 specialist medicine assessment centre consisting of 11 trolleys
- Introduced a new medical telephone line to facilitate GP urgent medical referrals, with the exception of haematology and renal where direct referral to specialist units take place. This telephone number is for urgent medical referrals to Charing Cross, Hammersmith or St Mary's Hospitals.
- Launched a hub for specialist medical referral service 12 hours a day 7 days a week
- Opening of a discharge lounge
- Hammersmith Hospital clinical pathways tested and reviewed with clinicians
- Enhanced level 1 ward with full monitoring and capable of non-invasive ventilation

Additional capacity reflecting the case mix at Hammersmith Hospital has also been created at St Mary's Hospital, Paddington. The changes that have been implemented at the St. Mary's Hospital site to ensure readiness for the transition of A&E services from Hammersmith Hospital are as follows:

- New unit for ambulatory emergency medicine opened
- Additional 15-bedded medicine for the elderly ward
- Reconfiguration of emergency department to optimise resuscitation / high dependency unit capacity and increase the number of cubicles by 2
- Medical assessment unit pathways reviewed
- St. Mary's Hospital linked to the special medical referral service
- 3 additional core medical trainees added to the acute medical team
- 6 additional band 5 nurses recruited for the emergency department
- 2 additional clerical staff appointed to enable weekend and evening working on the admission wards
- Emergency nurse practitioners hours extended to 12 hours since early July 2014
- Business case approved for additional A&E consultants

While it is anticipated that most of the patients who would previously have been treated in Hammersmith Hospital's A&E will now go to St Mary's Hospital's A&E, Imperial College Healthcare has also expanded capacity at Charing Cross Hospital's A&E as part of the preparations.

The changes that have been implemented at the Charing Cross Hospital site to ensure readiness for the transition of A&E services from Hammersmith Hospital are as follows:

- Relocation of the ambulatory care unit to increase medical assessment unit capacity by 4 beds
- Relocation of the older persons rapid assessment clinic (OPRAC) service to a dedicated frailty unit with additional capacity
- Charing Cross Hospital linked to the special medical referral service
- 3 additional core medical trainees added to the medical team working across OPRAC, ambulatory care and acute medicine
- 3 additional band 5 nurses recruited to the emergency department
- Appointment of a new role of pathway co-ordinator to help patient flow both into and out of the hospital

A major public awareness and information campaign has taken place throughout August and has continued into September to ensure local people know where to access healthcare urgently or in an emergency. Further details on this campaign are provided below

The changes across the three Trust sites will be monitored closely, both by the Trust and by commissioners. There is a set of agreed clinical quality standards and regular monitoring is in place to provide evaluation and ensure patient care remains safe and of a high quality. This includes monitoring patient and staff feedback on the changes.

## **2. Assurance framework**

On 28 May 2014 Imperial College Healthcare NHS Trust's Board approved the planned closure of the Hammersmith Hospital's A&E on 10 September 2014. Formal assurance of this change was undertaken by:

- NHS England and the NHS Trust Development Authority
- Hammersmith & Fulham CCG (on behalf of all CCGs in North West London)

A list of all assurance meetings is included in the list of project meetings provided in Appendix 1.

### **2.1 Hammersmith & Fulham CCG Assurance Framework**

Hammersmith & Fulham CCG led the assurance of the closure of the Hammersmith Hospital A&E on behalf of all commissioners in North West London. The high level assurance dimensions and the detailed questions within each dimension are listed below

#### **2.1.1 Clinical Quality**

- Are relevant London Quality Standards being met, what is the plan to ensure they are going to be met?
- Are current quality standards being maintained or improved - what are the plans to ensure that they are?
- What is the current performance of the service and what actions have been identified to ensure performance is being maintained throughout the transition period?
- What processes are in place to ensure safe high quality services are maintained after the transition?
- Are UCCs able to operate safely on all sites?

#### **2.1.2 Operational and Capacity Planning**

- Are the relevant plans in place to ensure that we understand and have prepared for the movement of patients away from Hammersmith Hospital?
- Do plans support the new models of provision of specialist care at Hammersmith Hospital?
- Have trusts performed walk through exercises to test patient flows?
- Is the Hammersmith UCC able to operate safely and sustainably as a standalone site to the SaHF defined specification and manage the modelled capacity?
- Has a single clinical model been agreed by all affected Trusts and CCG(s)?
- Have the operational policies been agreed and shared between organisations. Can Trusts confirm that these are understood by staff?
- Have operational processes been agreed and developed with London Ambulance Services and are we sufficiently assured of their understanding?
- Have other transport providers understood the new operational policies?
- Has the capacity modelling been completed and reviewed to guide expectations at receiving sites?
- Does available capacity (built and commissioned) meet the requirements as demanded?
- Are plans on track to commission the capacity required, and to the required timescale?
- Are Trusts delivering capacity reducing operational efficiency projects?
- Are CCGs delivering activity reducing initiatives through their Out of Hospital (OOH) strategies?

- Are suitable contingency plans in place to support any unexpected/un-modelled demands?

### **2.1.3 Workforce**

- Is there a plan in place to deliver against the identified workforce requirements?
- Does workforce planning align with the forecast activity flows, and does the workforce resource and skill mix align with the expected case mix?
- Have organisations ensured that their workforce is prepared for staff transition?
- What contingency plans are in place to meet a potential shortfall in workforce numbers?
- Is there clarity on which staff will transfer to receiving sites and the timescales for doing so (including junior doctor / nurse rotations)?
- Have all HR policies been adhered to and have appropriate Trade Unions been engaged with?

### **2.1.4 Communications and Engagement**

- Has targeted engagement with patients and the public ensured public understanding and awareness?
- Have all major local businesses and employers been informed of service changes?
- Are plans in place to ensure continued communications after services have been transitioned?
- Are mechanisms in place to ensure that any emerging communications gaps (after transition) are identified and closed?
- Have communications and engagement activities ensured continual staff involvement?
- Has the case for change and associated benefits been communicated to staff?
- Have communications and engagement activities taken place and/or planned to ensure relevant clinicians understand and support the new service configuration?
- Is there a sufficient level of communication with GPs to ensure clear access and referral routes including understanding of the services being offered by the revised UCC?
- Have all relevant signposts been updated to reflect the new models of care?
- Have all non-health organisations that provide sources of information on service provision been informed of the new models of care (e.g. NHS Choices website, London tourist board)?

### **2.1.5 Travel**

- Have provider travel plans been developed to a suitable quality?
- Have travel patterns of affected service users been analysed and impact on travel been considered?

### **2.1.6 Equalities**

- Have all statutory equalities duties been satisfied in preparing for service transition?
- Do post transition arrangements address the ethnic and demographic demands of the post reconfiguration population and has there been sufficient communication and engagement?
- Have protected and hard to reach groups been sufficiently engaged regarding the service changes?

### **2.1.7 Finance**

- Has a summary of financial modelling been agreed by all affected parties?
- Are all current contracting round decisions consistent with refreshed activity modelling assumptions?
- Have all transitional funding requirements been identified and agreed?
- Has contingency funding been considered in case actual position significantly deviates from forecasts?

### **2.1.8 Emergency Preparedness, Resilience and Response Planning**

- Has specialist EPRR advice from NHS England (London Region) been considered?
- Have response plans been updated to reflect the post-reconfiguration landscape?

- Have individual major incident and business continuity plans been updated, tested and embedded within individual organisations?
- Have regional level scenario tests been carried out or is this planned?
- Have scenario plans been developed for a major incident occurring on the date of the planned Emergency Unit closure?

### **2.1.9 System Assurance**

- Has due consideration been given to all stakeholders involved in this project?
- Does programme and project governance show continued senior level involvement?
- Has a clear governance structure been deployed to ensure the effective making of decisions and monitoring of progress? (including following transition)
- Are stakeholder organisations working together in the interests of the wider population they serve?
- Are Urgent Care Boards of impacted health economies well engaged?
- Are affected Health and Well Being Boards (including Local Authorities) well engaged?

### **2.1.10 Risk of Delay to Closure**

- What are the risks to keeping Hammersmith Hospital Emergency Unit open beyond the agreed date (10<sup>th</sup> September 2014)?

At the Hammersmith and Fulham CCG Governing Body public meeting on 22 July 2014, the Governing Body reviewed the complete CCG assurance framework and agreed the resolutions to:

- 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
- Authorise Hammersmith & Fulham CCG Chair, CWHHE Accountable Officer and the Chair of Hammersmith & Fulham CCG Quality and Safety Committee<sup>1</sup> 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

The full set of papers for the Hammersmith and Fulham CCG Governing Body meeting on 22 July 2014 (including the CCG Assurance Framework and supporting assurance documentation) can be downloaded directly from the H&F CCG website at: <http://www.hammersmithfulhamccg.nhs.uk/about-us/governing-body-meeting-dates/april-2014-march-2015.aspx>

As per the resolution agreed by the Governing Body at the 22 July meeting, the Hammersmith & Fulham CCG Chair, CWHHE Accountable Officer and a representative of the chair of the Hammersmith & Fulham CCG Quality and Safety Committee met on 4 September 2014 and confirmed that no material issues had arisen since July Governing Body meeting that would delay the date of closure. The approved minutes from this meeting are attached to this report in Appendix 2.

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<sup>1</sup> This group shall henceforth be referred to as the Hammersmith and Fulham CCG A&E Closure Advisory Group



## 2.2 NHS England / NHS Trust Development Authority Assurance Process

NHS England and the NHS Trust Development Authority undertook a joint assurance process of the closure of the A&Es at both Hammersmith Hospital and Central Middlesex Hospital. The assurance areas and the detailed assurance questions within each area are listed below<sup>2</sup>:

### 2.2.1 North West London System Assurance

- Are plans on closure consistent with overall Shaping a Healthier Future (SaHF) plans for Imperial College Healthcare?
- Are plans on closure consistent with the eight North West London CCG's commissioning plans for Urgent and Emergency Care?
- Are there any residual concerns / gaps still to be addressed?
- Have the Imperial College Healthcare quality and safety governance process approved the plans for closure?
- Has the SaHF Clinical Board approved the implementation plans for closure?
- Have the affected CCG's (i.e. Hammersmith and Fulham) quality and safety governance process approved plans for closure?
- Have quality and safety boards and senior clinical leadership at Imperial College Healthcare confirmed that new specification for the UCC at Hammersmith Hospital has been tested and found fit for purpose?
- What are the plans to monitor and evaluate on-going performance (quality and activity) for the UCC and the receiving A&E?
- Has a senior consultant and senior nurse lead for the affected A&E Department attended all of the project groups tasked with leading the closure from a NHS Trust perspective?
- Has internal discussion taken place with other clinical departments to understand the impact of the closure for example with Pathology and X-ray?
- Have the plans been signed off by the medical director and director of nursing at Imperial College Healthcare NHS Trust?
- What assumptions have been made about the implications for surrounding A&E and UCC Departments in terms of attendances and admissions?
- What assumptions /modelling has taken place to assess performance trajectories (A&E four hour target) on surrounding A&Es?
- How have these been tested in terms of sensitivity /impact /risk /thresholds on neighbouring NHS Trusts?
- Have existing patient activity and pathways been mapped such as assessing the impact of seasonal variation?
- How have the clinical staff from other surrounding hospital sites been involved in planning discussions to close the A&E Department? Are clinical staff fully signed up and engaged?
- 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?
- How have Trust management staff from surrounding NHS Trusts been involved in the plans for closure of the A&E Department? Are NHS Trust management staff fully signed up and engaged?
- Have risk logs and actions been agreed as a result of what the logs (registers) contain? Where do these get reported to?
- What is the system wide governance and accountability?
- What advice has been provided to local GPs (i.e. not just send to A&E, and removing fundamental reliance on A&E)
- Will GP out of hours cover need to increase?

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<sup>2</sup> The NHS E / NHS Trust Development Authority assurance framework included assurance questions that were specific to the closure of the Central Middlesex A&E. Since these assurance questions are not relevant to the closure of the Hammersmith Hospital A&E they have not been included in this report.



### 2.2.2 Clinical Quality & Safety

- Are arrangements for staffing levels sufficient for expected patient flows through the UCC?
- Assurance that staffing arrangements incorporate appropriate skill mix staff and experience
- Are senior NHS Trust clinical leadership and CCG satisfied that staffing plans have an appropriate balance between permanent and agency/bank staff?
- Hospital at night – Is there confidence in out of hours senior cover and escalation?
- 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?
- Are there clear escalation pathways for patients requiring immediate admission or review in place for staff in the UCC?
- What is the policy for patients who turn up expecting there to be an A&E such as Ambulatory patients?
- Arrangements in place to ensure clinical staff in the UCC have appropriate training, knowledge and competency to provide a safe service
- Reception and support staff receive appropriate training, including basic life support training and identification of patients who need rapid escalation
- UCC clinical and support staff competency in assessment of patients on arrival, including reception staff
- How has IT interoperability between UCC and NHS Trust systems been assured if providers are from different organisations? How has interoperability been tested with and between UCC and community and GP systems?
- Are the London Quality Standards going to be used for inter-hospital standards?
- Sufficient planned capacity in place to ensure a timely response
- Impact on vulnerable adults and children understood
- Demonstrate plans for compliance with Trust safeguarding policies at UCC
- Appropriate communications with vulnerable groups regarding the planned service including access and support
- Evidence that clinical governance, quality and safety has been reviewed and signed off at NHS Trust Board level
- Is there a common key performance indicator framework to monitor quality and safety?
- 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
- Understanding of consequences of delay to closing the A&E department
- Understanding consequences on surrounding hospitals and their readiness to receive displaced activity
- Assessment of impact/consequences of one unit only closing first. Are there any outstanding concerns about remaining quality and safety issues?
- Is there a training programme/induction programme being arranged by the NHS Trust to support the changes?
- Have discussions taken place with Health Education England / Local Education Training Boards to confirm the implications for student training at the NHS Trust?

### 2.2.3 Operational and Capacity Planning Assurance

- To confirm opening hours of the UCC on the Hammersmith Hospital site
- To confirm how emergency and urgent access to specialist services including maternity will be managed at Hammersmith Hospital post A&E closure.
- To confirm current vacancy rates by grade at the UCC and recruitment plans for vacant posts
- To confirm on going arrangements for UCC provider to report quality and safety issues into the CCG Clinical Quality Group
- 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
- To confirm profile (grades/discipline) of staff to transfer to St Mary's Hospital

- To understand impact on overall St Mary's Hospital A&E vacancies
- To confirm arrangements for staff induction/transition plan
- To confirm assessment of performance trajectory for St Mary's Hospital A&E department (4 hour target, breaches, readmissions)
- To confirm impact/revised modelling on flow through department (e.g. impact on Ambulatory Assessment Unit and Surgical Assessment Unit)
- To confirm additional hospital capacity is in place (i.e. beds, diagnostics, pathology, discharge planning)
- 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?
- 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?
- How has the impact of the changes been discussed and reviewed by the London Ambulance Service? What changes as a result of discussions have been made? How will the impact of the closure be monitored and reviewed? What changes have been agreed for Intelligent Conveyancing?
- Have new pathways been agreed to manage patients referred into specialist services at Hammersmith site? How have the new pathways been tested?
- 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?

#### **2.2.4 Communications & Engagement**

- Is there a robust and detailed communications strategy? Does this include:
  - Clear aims and objectives
  - 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
  - Risk management and mitigation
  - Detailed action plan including defined set of deliverables
  - Evaluation – robust set of metrics and KPIs to demonstrate successful outcomes
- Do the Terms of Reference (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?
- What communications plans are in place for post the changes? How will these be monitored?
- Signage review and updated to reflect new /changed services.
- NHS Trust website/information updated to reflect changes to services
- NHS Trust letters/email strap sign reflect changes
- Appropriate communications with vulnerable groups about service changes, access, support
- Is there a robust communication strategy for all NHS Trust staff?
- How have staff not working in the A&E department been engaged in discussions on plans and changes to services?

#### **2.2.5 Emergency Planning Resilience & Response (EPRR) Assurance**

- All Business Continuity Plans reflect changes in configuration of service delivery units
- All internal surge management plans to reflect changes in configuration of services including procedures for escalation across sites
- Major Incident Plans to reflect changes in capability
- Trust wide command and control procedures to reflect changes in service provision

The NHS England / NHS Trust Development Authority assurance process ran from June to September 2014 and involved formal reviews, interim assurance reports and site visits. Further an independent review of the Hammersmith Urgent Care Centre, commissioned by NHS England, was undertaken by Dr. Simon Eccles, Clinical Director for Emergency Care, NHSE(London). This review was conducted on 22 August

2014 and included interviews with appropriate staff a literature review of policies and protocols, and a site visit at the Hammersmith UCC. The report from this independent review of the Hammersmith UCC concluded that:

“Staffing levels seem good and in excess of those usually found in similar UCCs. The back-up from both the St Mary’s Hospital [SMH] ED and the rest of the Hammersmith site looks excellent. The comprehensive policies and protocols in place should ensure patient (and staff) safety.”

The report made the following 8 recommendations regarding the Hammersmith UCC:

**Recommendation 1:**

In the remaining period before the change, public communication makes it clear that both:

- The A&E at Hammersmith will close, and:
- The scope of the remaining standalone GP led Urgent Care Centre is understood.

**Recommendation 2:**

Imperial College Healthcare Trust staff need to be informed about what the change to the Hammersmith Hospital Urgent Care pathways will mean for their specialty. This will need re-emphasising with every changeover of staff. Partnership for Health are included as stakeholders in forming the communication to Imperial College Healthcare Trust staff.

**Recommendation 3:**

Guidance is given that GPs can send patients to St Mary’s Hospital emergency department even if they have been unable to speak to a specialty clinician in a timely manner.

**Recommendation 4:**

The referral protocols for Hammersmith Hospital Urgent Care Centre should be easily available to both GPs and Imperial College Healthcare Trust speciality teams i.e. place them on ‘The Source’.

**Recommendation 5:**

A one or two page simple guide to Hammersmith Hospital Urgent Care Centre patient disposition be provided for staff answering the critical questions:

1. What to do if they are unstable?
2. How do I refer them, in and out-of-hours?
3. Do they need transporting, if so where?

**Recommendation 6:**

Clarify the pathway for haematology patients presenting out of hours.

**Recommendation 7:**

Consider equipping one or more bed spaces within the Specialist Medicine Assessment Centre (SMAC) to a resuscitation bay standard.

**Recommendation 8:**

The clinical pathways and protocols should be reviewed in conjunction with LCM GPs to ensure they are transparent and appropriate for GPs who may not have worked at Hammersmith previously.

The NHS England / NHS Trust Development Authority stage two assurance report on the planned closure of the A&E Department at Hammersmith Hospital is attached as Appendix 3. Based on the responses provided to the outstanding questions in this stage two assurance report, as well as responses provided to the 8 recommendations in the Hammersmith UCC independent review report, a formal letter of assurance for the planned closure of Hammersmith Hospital A&E on 10 September 2014 was issued by NHS England. On the NHS E / NHS Trust Development Authority assurance of the closure of the Hammersmith A&E on 10 September this letter stated:

- Amber ratings for sub criteria that would turn green subject to additional evidence - “We have reviewed further evidence and are now assured of these sub criteria with the exception of...approved control of infection policies for Hammersmith and St. Mary’s Hospitals”
- UCC Hammersmith Hospital – response to the Independent report - “Thank you for the comprehensive response from Daniel Elkeles, Tim Ladbrooke and Ruth Brown to Dr Eccles eight recommendations. I note that you have accepted all recommendations with slight modification to the specification to the resuscitation trolley in the SMAC. This modification is supported by our Area Medical Director. On that basis we are assured on your response to the Independent Report.”
- In light of assurance on all the above areas, I can confirm that NHSE is assured with the process that Hammersmith and Fulham CCG has implemented to prepare for this transition and can therefore proceed to decommission A and E services at Hammersmith Hospital and recommission this activity at other A and E departments in line with planning assumptions.

In reference to point raised in the NHS England letter of assurance regarding the outstanding approved control of infection policies for Hammersmith and St. Mary’s Hospitals, these policies have now been provided to NHS England.

All of the documentation provided to NHS England and the NHS Trust Development Authority through the assurance process is listed in Appendix 4.

### 3. Communications and Engagement Work

A co-developed communications strategy was produced with the CCGs, Trusts and our patient representatives. The public information campaign sought to tell residents when the A&E will close, what services are available for urgent care at the site and what to do in an emergency.

Particular emphasis was placed on listening to outcomes from focus group activity and our lay partners around wording and activity as well as building on lessons learnt from the recent campaign at Barnet & Chase Farm hospital.

The campaign began on 28<sup>th</sup> July for 10 weeks and includes:

- New **website** focused on changes to emergency care in NW London
- **Social media** undertaken by the Trusts through existing channels
- **Two Door drops**, each to 285,000 properties in the surrounding area
- 300,000 **leaflets** and 11,000 **posters** to around 3000 key organisations and community groups
- **Letter to parents**, via schools, prior to the end of term and again just prior to the closure (to mitigate the campaign over school holidays)
- Half page **adverts** in local papers, increasing to full page in the two weeks prior to closure
- 16 **billboards** near the hospital sites
- 81 **bus panels** on the inside of key bus routes
- Information on **screens in GP surgeries**, where possible.
- Advertising on the **outside of council buses**, where available
- 150 **bus stop adverts**
- 312,500 **printed pharmacy bags** which will ensure almost all patients for approx 10 weeks will receive information with their prescription
- **Face to face meetings** with a range of community groups and hard to reach groups
- **GP engagement** and materials for GP surgeries
- **Staff engagement** at hospital sites
- **Political** and stakeholder engagement
- **Media** responses, **briefings** and **press releases**

Between 11th August 2014 and 19th August 2014, face-to-face surveys were conducted across:

- Brent
- North Kensington and Chelsea
- North Hammersmith and Fulham
- East Ealing
- East Hounslow

The objectives of these surveys was to provide an interim view of how the early stages of the campaign were being received and to explore the local population's awareness of the closure of the A&Es and continued presence of 24/7 Urgent Care Centres at Central Middlesex and Hammersmith Hospitals.

It was not expected to provide exceptionally high awareness at that stage as not all the communications had gone out. It was designed to develop an early look of whether there was any geographical disparity in how the campaign was being received and to provide some interim benchmarking.

Of those who stated they lived in the northern half of Hammersmith and Fulham;

- 63% were aware of the A&E closures
- 47% were aware of the 24/7 Urgent Care Centres
- 83% of those in H&F who were aware of the changes had seen advertising and information about the changes.
- 31% of those who were aware of the changes stated, unprompted, that they had seen the first leaflet to their home
- 64% of those who had seen information in H&F felt it had been clear

Respondents in North Hammersmith and Fulham were the least likely of all areas visited to have seen newspaper adverts, with 5% citing this means of advertising or information as compared with 11% overall. This was not unexpected due to the recent withdrawal of the local free paper.

However, in this area, respondents were nearly twice as likely to have seen information from a hospital (31%) than respondents overall (16%), and were also more likely to have seen a billboard advertisement (18%) than respondents overall (11%).

Whilst these are as expected for a campaign of this size we are keen to increase awareness as much as possible. We would look to build on this start and add a number of additional areas of activity.

Following the first phase of evaluation, we have:

- Increased the number of newspaper adverts
- Commissioned advertising bikes to create a more ambient presence in areas of high foot-fall in the heat map areas.
- Added a digital billboard advert near the Hammersmith flyover
- Advertised in 19 phone kiosks



## Appendix 1 – List of key project and assurance meetings

Meeting	Meeting details	Date
Hammersmith & Fulham CCG Operations Group Meeting	Review of Project Initiation Document for the Hammersmith Hospital Emergency Unit Transition Project	04 February 2014
Hammersmith & Fulham CCG Governing Body Seminar	Review of Project Initiation Document for the Hammersmith Hospital Emergency Unit Transition Project	04 February 2014
Shaping a healthier future Implementation Programme Board Meeting	Reviewed and approved Project Initiation Document for the Hammersmith Hospital Emergency Unit Transition Project	06 February 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Mobilisation of the Hammersmith Hospital Emergency Unit Transition Project	10 February 2014
Hammersmith & Fulham CCG Operations Group Meeting	Review of CCG assurance process for closure of Hammersmith Hospital Emergency Unit	11 February 2014
Hammersmith & Fulham CCG Operations Group Meeting	Review of CCG assurance process for closure of Hammersmith Hospital Emergency Unit	18 February 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Mobilisation of the Hammersmith Hospital Emergency Unit Transition Project - Clinical Pathways workstream	19 February 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Mobilisation of the Hammersmith Hospital Emergency Unit Transition Project - Urgent Care Centre workstream	20 February 2014
Tri-Borough Urgent Care Programme Board	Update to stakeholders on Hammersmith Hospital Emergency Unit transition project	26 February 2014
Shaping a healthier future - Charing Cross and Hammersmith Zone Meeting	Update to stakeholders on Hammersmith Hospital Emergency Unit transition project	26 February 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	03 March 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	05 March 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	05 March 2014
Hammersmith & Fulham CCG Governing Body Seminar	Review of CCG assurance process for closure of Hammersmith Hospital Emergency Unit	11 March 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	12 March 2014

Meeting	Meeting details	Date
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	12 March 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	19 March 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	24 March 2014
Hammersmith Hospital Emergency Unit Transition - Workforce Workstream Meeting	Mobilisation of the Hammersmith Hospital Emergency Unit Transition Project - Workforce workstream	25 March 2014
Shaping a healthier future - Patient and Public Representative Group	Review and update on Hammersmith Hospital Emergency Unit transition project	25 March 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	26 March 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	26 March 2014
Shaping a healthier future - Charing Cross and Hammersmith Zone Meeting	Update to stakeholders on Hammersmith Hospital Emergency Unit transition project	26 March 2014
Hammersmith Hospital Emergency Unit Transition - Infrastructure Workstream Meeting	Review of infrastructure plans	27 March 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	02 April 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	07 April 2014
Hammersmith Hospital Emergency Unit Transition - Workforce Workstream Meeting	Review of progress on Workforce plan	08 April 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	09 April 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Joint Hammersmith and Central Middlesex Communications and Engagement Workstream meeting	09 April 2014



Meeting	Meeting details	Date
Hammersmith Hospital Emergency Unit Transition - Equalities and Access Workstream Meeting	Mobilisation of the Hammersmith Hospital Emergency Unit Transition Project - Equalities and Access workstream	10 April 2014
Hammersmith & Fulham CCG Operations Group Meeting	Update on clinical pathways and medical model for Hammersmith Hospital Emergency Unit closure	15 April 2014
Hammersmith Hospital Emergency Unit Transition - Infrastructure Workstream Meeting	Review or progress of infrastructure plans	15 April 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	16 April 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	16 April 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	23 April 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	23 April 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	23 April 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	23 April 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	30 April 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	30 April 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	30 April 2014
Tri-Borough Urgent Care Programme Board	Update to stakeholders on Hammersmith Hospital Emergency Unit transition project	30 April 2014
Shaping a healthier future - Patient and Public Representative Group	Review and update on Hammersmith Hospital Emergency Unit transition project	06 May 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	07 May 2014

Meeting	Meeting details	Date
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	07 May 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	07 May 2014
North West London Clinical Commissioning Groups Collaboration Board	Review of CCG assurance process for closure of Hammersmith Hospital Emergency Unit	08 May 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	12 May 2014
Hammersmith & Fulham CCG Governing Body Meeting (in public)	Update on clinical pathways and medical model and agreed CCG assurance process for closure of Hammersmith Hospital Emergency Unit	13 May 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	14 May 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	14 May 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	14 May 2014
Hammersmith Hospital Emergency Unit Transition - Workforce Workstream Meeting	Review of progress on Workforce plan	20 May 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	21 May 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	21 May 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	21 May 2014
Shaping a healthier future Implementation Programme Board Meeting	Review of CCG assurance process for closure of Hammersmith Hospital Emergency Unit	22 May 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	22 May 2014

Meeting	Meeting details	Date
Imperial College Healthcare NHS Trust Board Meeting	Approved the planned closure date for Hammersmith Hospital Emergency Unit of 10 September 2014	28 May 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	28 May 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	28 May 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	28 May 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	02 June 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	04 June 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	04 June 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	04 June 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	05 June 2014
Hammersmith & Fulham CCG Operations Group Meeting	Review of communications and engagement plan for planned closure of Hammersmith Hospital Emergency Unit of 10 September 2014	10 June 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	11 June 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	11 June 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	11 June 2014
Shaping a healthier future - Patient and Public Representative Group	Review and update on Hammersmith Hospital Emergency Unit transition project	11 June 2014

Meeting	Meeting details	Date
Tri-Borough Urgent Care Programme Board	Update to stakeholders on Hammersmith Hospital Emergency Unit transition project	11 June 2014
London Ambulance Service Pathways to Hammersmith Hospital and Central Middlesex Hospital - Table top Modelling Workshop	Stress testing of London Ambulance Service pathways to Hammersmith Hospital and Central Middlesex Hospital	13 June 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	16 June 2014
Hammersmith Hospital Emergency Unit Transition - Workforce Workstream Meeting	Review of progress on Workforce plan	17 June 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	18 June 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	18 June 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	18 June 2014
Shaping a healthier future Clinical Board Meeting	Clinical review of plans for closure of Hammersmith Hospital Emergency Unit of 10 September 2014	19 June 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	19 June 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	19 June 2014
Hammersmith & Fulham CCG Operations Group Meeting	Update on CCG assurance process and review of proposed London Ambulance Service UCC referral pathway	24 June 2014
Hammersmith Hospital Emergency Unit Transition - Clinical Pathways Workstream Meeting	Development of new clinical pathways for Hammersmith Hospital	25 June 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	25 June 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	25 June 2014

Meeting	Meeting details	Date
Shaping a healthier future - Charing Cross and Hammersmith Zone Meeting	Update to stakeholders on Hammersmith Hospital Emergency Unit transition project	25 June 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	30 June 2014
Hammersmith & Fulham CCG Operations Group Meeting	Update on Hammersmith UCC Contract	01 July 2014
Hammersmith & Fulham CCG Governing Body Seminar	Interim review of draft CCG assurance framework	01 July 2014
NHS England / NHS Trust Development Authority Assurance Review Meeting	NHS England / NHS Trust Development Authority review of plans for closure	01 July 2014
Hammersmith Hospital Emergency Unit Transition - Workforce Workstream Meeting	Review of progress on Workforce plan	01 July 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	02 July 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	02 July 2014
Shaping a healthier future Implementation Programme Board Meeting	Confirmed system readiness for the planned closure of Hammersmith Hospital Emergency Unit of 10 September 2014	03 July 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	03 July 2014
Hammersmith & Fulham CCG Operations Group Meeting	Review of CCG assurance framework and preparations for 22 July CCG Governing Body meeting	08 July 2014
Hammersmith & Fulham CCG Governing Body Seminar	Interim review of draft CCG assurance framework	08 July 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	09 July 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	09 July 2014
Shaping a healthier future Clinical Board Meeting	Clinical review of readiness for closure of Hammersmith Hospital Emergency Unit of 10 September 2014	10 July 2014
Shaping a healthier future Clinical Board Meeting	Clinical review of readiness for closure of Hammersmith Hospital Emergency Unit of 10 September 2014	10 July 2014
Imperial Clinical Pathways	Stress testing of updated clinical pathways	10 July 2014



Meeting	Meeting details	Date
Testing Workshop		
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	14 July 2014
Hammersmith & Fulham CCG Operations Group Meeting	Review of CCG assurance framework and preparations for 22 July CCG Governing Body meeting	15 July 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	16 July 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	16 July 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	17 July 2014
Hammersmith & Fulham CCG Governing Body meeting in public	Reviewed CCG assurance framework and agreed resolution to proceed with planned closure of Hammersmith Hospital Emergency Unit on 10 September	22 July 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	23 July 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	23 July 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	28 July 2014
Shaping a healthier future - Patient and Public Representative Group	Review and update on Hammersmith Hospital Emergency Unit transition project	29 July 2014
Imperial College Healthcare NHS Trust Board Meeting	Confirmed readiness of Imperial College Healthcare NHS Trust for the planned closure of Hammersmith Hospital Emergency Unit of 10 September 2014	30 July 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	30 July 2014
Tri-Borough Urgent Care Programme Board	Update to stakeholders on Hammersmith Hospital Emergency Unit transition project	30 July 2014

Meeting	Meeting details	Date
Shaping a healthier future Implementation Programme Board Meeting	Reviewed assurance process and confirmed system readiness for the planned closure of Hammersmith Hospital Emergency Unit of 10 September 2014	31 July 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	31 July 2014
NHS England / NHS Trust Development Authority Visit of Imperial Trust Sites	NHS England / NHS Trust Development Authority site visit to confirm progress of plans	05 August 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	06 August 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	06 August 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	11 August 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	13 August 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	13 August 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	14 August 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	20 August 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	20 August 2014
NHS England / NHS Trust Development Authority Independent Site Visit of Hammersmith Urgent Care Centre	Independent review of Hammersmith Urgent Care Centre by Dr Simon Eccles, Clinical Director for Emergency Care, NHSE(London)	22 August 2014
NHS England Transformation Group Meeting	Reviewed and agreed the final NHSE / NHS Trust Development Authority assurance report	26 August 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of progress of plans for Hammersmith Urgent Care Centre	27 August 2014

Meeting	Meeting details	Date
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	27 August 2014
Tri-Borough Urgent Care Programme Board	Update to stakeholders on Hammersmith Hospital Emergency Unit transition project	27 August 2014
Hammersmith Hospital Emergency Unit Transition - Joint Hammersmith and Central Middlesex Equalities and Access Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Equalities and Access Workstream plan	28 August 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Review of progress against project plan, including: development of clinical pathways; communications and engagement; Urgent Care Centre; workforce transition; infrastructure changes; equalities; education	01 September 2014
Shaping a healthier future - Patient and Public Representative Group	Review and update on Hammersmith Hospital Emergency Unit transition project	02 September 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Final readiness review of Hammersmith Urgent Care Centre for closure of Hammersmith Hospital Emergency Unit on 10 September	03 September 2014
Joint Hammersmith and Central Middlesex Communications and Engagement Workstream Meeting	Review of progress on Joint Hammersmith and Central Middlesex Communications and Engagement Workstream plan	03 September 2014
Hammersmith & Fulham CCG A&E Closure Advisory Group	Hammersmith & Fulham CCG Chair, CWHHE Accountable Officer and a representative of the chair of the Hammersmith & Fulham CCG Quality and Safety Committee met to confirm that no material issues had arisen since 22 July CCG Governing Body meeting that would delay closure	04 September 2014
Shaping a healthier future Implementation Programme Board Meeting	Confirmed system readiness for the planned closure of Hammersmith Hospital Emergency Unit of 10 September 2014	04 September 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of Hammersmith Urgent Care Centre performance	10 September 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Post closure review	15 September 2014
Hammersmith Hospital Emergency Unit Transition - UCC Workstream Meeting	Review of Hammersmith Urgent Care Centre performance	17 September 2014
Hammersmith Hospital Emergency Unit Transition Project Delivery Board	Project closedown meeting	06 October 2014





North West London



## Hammersmith & Fulham and Brent CCG A&E Closure Advisory Groups Meeting

**Date:** 4 September 2014

**Chair –** Daniel Elkeles

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### Hammersmith & Fulham CCG A&E Closure Advisory Group

Daniel Elkeles	Chief Officer CWHHE Collaboration of CCGs
Dr Tim Spicer	Hammersmith and Fulham CCG Chair
Jane Wilmot	Representative for H&F CCG Chair of Quality & Safety Committee (Member of Quality & Safety Committee)

### Brent CCG A&E Closure Advisory Group

Rob Larkman	Chief Officer for BHH CCGs
Ethie Kong	Brent CCG Chair
Ursula Gallagher	Representative for Brent CCG Chair of Quality & Safety Committee (Member of Quality & Safety Committee)

### In attendance

Sarah Mansuralli	Chief Operating Officer, Brent CCG
Tessa Sandall	Deputy Managing Director, Hammersmith and Fulham CCG
Mike Pearson	Shaping a healthier future programme
Sarah Bellman	Shaping a healthier future programme, Communications Lead
Oliver Excell	Charing Cross and Hammersmith Zone Manager
Deborah McBeal	Central Middlesex Zone Manager

## 1. Introductions

- Daniel Elkeles introduced the meeting and outlined the purpose of the Hammersmith & Fulham CCG A&E Closure Advisory Group and the Brent CCG A&E Closure Advisory Group, as described in Papers 1.1 and 1.2 respectively.
- Daniel Elkeles highlighted that the role of the nominated members of the CCG A&E Closure Advisory Groups<sup>1</sup> was to agree whether any major/significant unforeseen clinical or building issues have arisen since the respective July CCG Governing Body meeting such that, in its opinion, the risks of implementation outweigh the risks of delay and if so, to agree what to advise the CCG Governing Body.
- As outlined Papers 1.1 and 1.2 the following assurance activities have been undertaken by Hammersmith & Fulham CCG and Brent CCG, as well as a joint assurance process by NHS E and TDA:

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<sup>1</sup> Consisting of the Accountable Officer, CCG Chair and representative of the CCG Quality and Safety Committee

- **NHS E / TDA Stage One Assurance Report issued on 21 July 2014** – NHS E and TDA assurance of the Hammersmith & Fulham CCG and Imperial Trust assurance processes, confirmed the right plans were in place and identified a number of areas for further work
  - **Hammersmith and Fulham CCG Governing Body meeting on 22 July 2014** – Agreed that the CCG was assured that changes to Emergency Unit services at Hammersmith Hospital can take place safely from 10 September 2014. Authorised the CCG Chair, Accountable Officer and the Chair of H&F CCG Quality and Safety Committee to advise the CCG’s Governing Body if any major/significant unforeseen clinical or other issue arise after the 22<sup>nd</sup> July such as, in their opinion, the risks of implementation outweigh at that time the risks of delay
  - **Brent CCG Governing Body meeting on 23 July 2014** - Agreed that the CCG was assured that changes to A&E services at Central Middlesex Hospital can take place safely from 10 September 2014. Authorised the CCG Chair, Accountable Officer and the Chair of Brent CCG Quality and Safety Committee to advise the CCG’s Governing Body if any major/significant unforeseen clinical or other issue arise after the 23<sup>rd</sup> July such as, in their opinion, the risks of implementation outweigh at that time the risks of delay
  - **Imperial Trust Board meeting on 30 July 2014** – confirmed Trust readiness for closure on 10 September 2014
  - **NWLHT Board meeting on 30 July 2014** – confirmed Trust readiness for closure on 10 September 2014
  - **SaHF Implementation Programme Board on 31 July 2014** – confirmed system readiness for closure on 10 September 2014
  - **NHS E / TDA site visit of Imperial Trust sites on 5 August 2014** – NHS E and TDA assurance of the Hammersmith & Fulham CCG and Imperial Trust assurance processes, confirmed plans were progressing as expected and identified a number of areas for further work
  - **NHS E / TDA site visit of NWLHT sites on 6 August 2014** – NHS E and TDA assurance of the Brent CCG and NWLHT assurance processes, confirmed plans were progressing as expected and identified a number of areas for further work
  - **SaHF Clinical Board meeting on 21 August 2014** – confirmed readiness of Imperial Trust, NWLHT, Hammersmith UCC provider (Partnership for Health) and Central Middlesex UCC provider (Care UK) for the closure on 10 September 2014
  - **NHS E / TDA Stage Two Assurance Report issued (in draft) on 21 August 2014** - NHS E and TDA assurance of the CCGs’ and Trusts’ assurance processes, confirmed plans were progressing as expected and identified outstanding areas of work before closure on 10 September 2014
  - **NHS E / TDA Formal Sign Off of A&E Closures meeting on 26 August 2014** – discussed NHS E and TDA assurance of the closure on 10 September 2014
  - **SaHF Implementation Programme Board on 4 September 2014** – All providers confirmed system readiness for closure on 10 September 2014
- Further, during the preceding SaHF Implementation Programme Board, Jo Ohlson had confirmed on behalf of NHS E and TDA that satisfactory responses had been received to the actions raised in the letter issued from Anne Rainsberry and Alwen Williams on 29<sup>th</sup> August:
    - As a result it was confirmed that “NHSE is assured with the process that Brent and Hammersmith and Fulham CCGs have implemented to prepare for this transition and can therefore proceed to decommission A&E services at Central Middlesex Hospital and Hammersmith Hospital and recommission this activity at other A&EE departments in line with planning assumptions”.

## 2. Hammersmith & Fulham A&E Closure Advisory Group

- In light of the latest information presented on the readiness for closure of the Hammersmith Hospital Emergency Unit on 10<sup>th</sup> September, Daniel Elkeles asked the Hammersmith & Fulham CCG A&E Closure Advisory Group to confirm its response to the second resolution agreed by the Hammersmith & Fulham CCG Governing Body on 22<sup>nd</sup> July

- The Hammersmith & Fulham CCG A&E Closure Advisory Group agreed that no material issues had arisen since the July Governing Body meeting, and was fully assured for the Hammersmith Hospital Emergency Unit to close as planned at 09:00 on 10<sup>th</sup> September 2014

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### **3. Brent A&E Closure Advisory Group**

- In light of the latest information presented on the readiness for closure of the Central Middlesex Hospital A&E on 10<sup>th</sup> September, Daniel Elkeles asked the Brent CCG A&E Closure Advisory Group to confirm its response to the second resolution agreed by the Brent CCG Governing Body on 23<sup>rd</sup> July
- The Brent CCG A&E Closure Advisory Group agreed that no material issues had arisen since the July Governing Body meeting, and was fully assured for the Central Middlesex Hospital A&E to close as planned at 09:00 on 10<sup>th</sup> September 2014
- Dr Ethie Kong highlighted that, based on the results of the recent evaluation of the public information campaign, the level of awareness of the closures in Brent (35%) appeared to be lower than in Hammersmith and Fulham (63%).
- The Brent CCG A&E Closure Advisory Group agreed that while this was not a reason to delay the closure of Central Middlesex Hospital A&E, additional communications activity should be focused on Brent both before and following the closure to increase the level of awareness of the change.

### **4. Joint Discussion**

- No common issues or concerns were raised on the progress towards the closure of the Hammersmith Hospital Emergency Unit and Central Middlesex Hospital A&E.

### **5. Any Other Business**

- No AOBs were raised

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**Appendix 3** – NHS England / NHS Trust Development Authority: Stage two assurance report on the planned A&E Department closure at Hammersmith Hospital

See attached document

# NHS England / National Trust Development Authority: Stage two assurance report on the planned A&E Department closure at Hammersmith Hospital

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Draft Version

18/08/2014



# Introduction

## 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 visit which was held on 5th 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 A&E department. Whilst our report focuses on the planned A&E closure, 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 Hammersmith and Fulham CCG as the commissioner of A&E and UCC services and Imperial College Healthcare NHS Trust to safely close Hammersmith A&E department at 9am on 10<sup>th</sup> September 2014.

Further assurance on the state of readiness for closure will be sought at the final review meeting on 3<sup>rd</sup> 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 Imperial College Healthcare NHS Trust and Hammersmith and Fulham CCG.

The final decision to close must be made by the Governing Body and Trust taking into account all evidence and recommendations received. Hammersmith and Fulham Governing Body made the following decision at the public meeting on 22<sup>nd</sup> July: *“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.”*

### Key

#### **Red:**

**Not met / Further action required**

#### **Amber:**

**Partially met / Further action required**

#### **Green:**

**Fully met / limited or no further action required**

Hammersmith and Fulham CCG 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 4<sup>th</sup> 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 CCG, 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 meeting on 9<sup>th</sup> September 2014

### **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 Hammersmith and Fulham CCG as the commissioners of A&E and UCC services and Imperial College Healthcare NHS Trust for implementing the planned closures of the A&E department at Hammersmith Hospital.

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:**

**Fully met / limited or no further action required**



# Dashboard Summary Assessment

De Minimums Criteria		Assurance Sub criteria RAG			
Assurance Criteria		# Reds	# Ambers	# Greens	Total # sub criteria
1: North West London System Assurance	This section covers how well the plans are aligned in North West London	1	8	12 (3)	21
2: Clinical Quality & Safety	This section covers our assessment on we will be assured the planned changes are safe and how clinicians have been involved in leading the changes planned	0	13	15 (4)	28
3: Operational & Capacity Planning Assurance	This section covers how the changes will be monitored and what plans are in place to ensure a safe and successful change to services	0	6	21 (2)	27
4: Communications & Engagement	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	0	1	8	9
5: Emergency Planning Resilience & Response (EPRR) Assurance	This section covers how the Trust have reviewed their emergency plans and tested them in preparation for the changes	0	1	3	4

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**Key**

**Red:**

Not met / Further action required

**Amber:**

Partially met / Further action required

**Green:**

Fully met / limited or no further action required

## 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 26<sup>th</sup> August 2014 that we will be sufficiently assured to conclude that readiness for the closure of the A&E department at 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 22<sup>nd</sup> August should be available before the Delivery Group meeting on 26<sup>th</sup> August;
- The revised system resilient plan (SRP) for Central London, West London and Hammersmith and Fulham CCGs to reflect the robust system wide resilient planning and escalation arrangements;
- Confirmation that the London Ambulance Service will put in place sufficient capacity to meet planned increased demand;
- Removal of external signage to the A&E department by 9<sup>th</sup> 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 20<sup>th</sup> August and 4<sup>th</sup> September 2014. Prior to the planned NHS England and NHS TDA clinical challenge session on 3<sup>rd</sup> September 2014, the SAHF programme board will be asked to submit any outstanding evidence. The meeting on 3<sup>rd</sup> 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 and Imperial College Healthcare NHS Trust and Hammersmith and Fulham CCG to continue planning for closure on 10<sup>th</sup> September 2014 and for the SAHF Implementation Programme Board and Hammersmith and Fulham CCG to make a final decision on 4<sup>th</sup> 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 UCC and the A&E department have been agreed and are being tested. Strong and effective governance is being observed through the Trust Board, Governing Body and SAHF Programme arrangements including a Clinical Board. The level of detailed planning, clinical engagement and staff support for the changes has been exemplary.

### Key

#### **Red:**

Not met / Further action required

#### **Amber:**

Partially met / Further action required

#### **Green:**

Fully met / limited or no further action required

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 10<sup>th</sup> September 2014.

Imperial College Healthcare NHS Trust has 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)

#### Key

#### **Red:**

Not met / Further action required

#### **Amber:**

Partially met / Further action required

#### **Green:**

Fully met / limited or no further action required

# 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?
  - 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 Trust 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 CCG (i.e. 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 Imperial College Healthcare Trust confirmed that new specification for UCC at Hammersmith Hospitals has been tested and found fit for purpose?
  - e) What are the plans to monitor and evaluate ongoing performance (quality and activity) for both UCC and the receiving A&E's?
3.
  - a) Has a senior consultant and senior nurse lead for the affected A&E Department 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 X-ray?
  - c) Have the plans been signed off by the Trust's medical director and director of nursing?

### Key

**Red:**

Not met / Further action required

**Amber:**

Partially met / Further action required

**Green:**

Fully met / limited or no further action required

- 4.
- What assumptions have been made about the implications for surrounding A&E and UCC departments in terms of attendances and admissions?
  - What assumptions / modelling has taken place to assess performance trajectories (A&E four hour target) on surrounding A&E's?
  - How have these been tested in terms of sensitivity /impact /risk /thresholds on neighbouring Trusts?
  - Have existing patient activity and pathways been mapped e.g. to assess the impact of seasonal variation?
- 5.
- 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?
  - 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?
  - 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?
  - Have risk logs and actions been agreed as a result of this involvement? Where do these get reported to?
  - What is the system wide governance and accountability?
  - GP and 111 Communication
    - Regarding advice and not just send to A&E. and removing fundamental reliance on A&E
    - Will GP out of hours cover need to increase?

Assurance Criteria	Sub Criteria	Stage 1 RAG	Stage 1 Assurance Recommendations	Stage 2 RAG	Stage 2 RAG Explanation
1.Fit with the overall strategic plans for North West London	a) Are plans on closure consistent with overall Shaping a Healthier Future (SaHF) plans for Imperial College Healthcare Trust?		No further action	---	

**Key****Red:****Not met / Further action required****Amber:****Partially met / Further action required****Green:****Fully met / limited or no further action required**

	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.		<p>Hammersmith Hospital UCC now working to the North West London specification prior to closure. Weekly Operations Executive will monitor impact of UCC pre and post A&amp;E closures.</p> <p>SAHF Implementation Programme Board tracks progress on implementation and impact of out of hospital services. Clinical quality dashboard in place.</p> <p>CCG also track implementation and effectiveness of out of hospital services.</p> <p>Extensive communication campaign started on 28<sup>th</sup> July for patients affected by changes at Hammersmith Hospital.</p>
	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 straight forward 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.		<p>Extensive communication campaign started on 28<sup>th</sup> July for patients affected by changes at Hammersmith Hospital. Includes information being sent to 280,000 households in the target area.</p> <p>Evidence submitted demonstrates communications material has been tested with the public prior to circulation including clear and simple messaging.</p> <p>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.</p>

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					Usage of UCC will be included in the Operations Executive KPIs monitored weekly.
2 Approval of plans approved by the relevant quality and safety boards	b) Has the SaHF Clinical Board approved the implementation plans for closure?		<p>Prior to final closure it is recommended that the SaHF Clinical Group review all actions to date and give final assurance to Hammersmith and Fulham CCG and Imperial College Healthcare Trust on the state of readiness to close. This final review should include reviewing the recommendations from this report.</p> <p>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.</p>		<p>Hammersmith and Fulham CCG supported the closure of the A&amp;E department on 22<sup>nd</sup> July 2014 respectively subject to readiness continuing as planned.</p> <p>Final assessments on readiness will be undertaken on by SAHF Clinical Board and SAHF Implementation Board on 4<sup>th</sup> September 2014. AO, Chair and Chair of Quality and Safety Committees for Hammersmith and Fulham CCG, as delegated by their Governing Body will make a final decision on supporting the closures on 4<sup>th</sup> September 2014 and report the outcome of these deliberations to the next Governing Body meeting held in public.</p>
	c) Have the affected CCG (i.e. Hammersmith and Fulham and Ealing) quality and safety governance process approved plans for closure?		SaHF Implementation Programme Board to confirm CCGs plans for sign off and approval of plans in accordance with agreed governance structure.		Hammersmith and Fulham CCG Governing Body supported the closure of the A&E department on 22 <sup>nd</sup> July 2014 subject to readiness continuing as planned. It was agreed that the CCG Chair, AO and Chair of CCG Quality and Safety Committees would reconvene to review the situation if any significant risks relating to implementation were identified.

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	d) Have quality and safety boards and senior clinical leadership at Imperial College Healthcare NHS Trust confirmed that new specification for UCC at Hammersmith Hospital have been tested and found fit for purpose?		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 UCC is appropriately commissioned, staffed and set up to provide 24 hour, 7 day stand-alone services from September 10 <sup>th</sup> .		<p>The revised UCC specifications have been in place at Hammersmith Hospital since 9<sup>th</sup> July 2014.</p> <p>SaHF Clinical Board reviewed the outputs from pathway testing on 21 July 2014.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>Confirmation from SAHF Clinical Board that UCC is ready prior to closure of A&amp;E department</li> </ul> <p>Confirmation from independent review of Hammersmith UCC pathway on 22 August 2014</p>
	e) What are the plans to monitor and evaluate ongoing performance (quality and activity) for the UCC and the receiving A&Es?		SaHF Clinical Board to confirm that all planned reporting processes have started prior to the closure decision and CCG and Trust 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.		<p>Monitoring processes include:</p> <ul style="list-style-type: none"> <li>Winter sitrep calls from 8<sup>th</sup> September 2014</li> <li>Weekly Operations Executive</li> <li>NWL wide reporting covering patient safety, access and national target compliance.</li> <li>Indicators have been strengthened to include more quality and patient experience measures.</li> </ul>

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3 Involvement of senior clinical Staff in decision making and planning	a) Has a senior consultant and senior nurse lead for the affected A&E Department attended all of the project Groups tasked with leading the closure from a NHS Trust perspective?	Amber	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 the NHS Trust Directors of Nursing has reviewed and agreed the new model of care.	Green	<p>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.</p> <p>Evidence received that clinical pathways project team at ICHT approved the revised pathways</p> <p>The Clinical Visit confirmed nursing support for revised pathways.</p>
	b) Has internal discussion taken place with other clinical departments to understand the impact of the closure for example with Pathology and X-ray?	Amber	<p>Further clarification is required to confirm that an assessment has been made of any additional impact on support services.</p> <p>The SaHF Clinical Board should monitor preparedness on pathways to be confirmed).</p> <p>Clinical visit planned for early August to confirm with staff their understanding of new pathways</p>	Amber	Imperial College Healthcare NHS Trust has assessed the impact of the closure of A&E department on other clinical departments. Staff at the UCC understand how to manage cardiac arrests in the UCC

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	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?	Amber	No recommendations beyond those already planned	Green	
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?	Amber	<p>Further testing of assumptions is required once the UCC becomes 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.</p> <p>The SaHF Clinical Board should keep Ealing Hospital Trust performance under review and continue to test that this assumption remains correct.</p>	Green	<p>Monitoring processes covering UCC and Ealing Hospital include:</p> <ul style="list-style-type: none"> <li>• Winter sitrep calls from 8<sup>th</sup> September 2014;</li> <li>• Weekly Operations Executive;</li> <li>• North West London wide reporting covering patient safety, access and national target compliance.</li> </ul> <p>Further UCC monitoring is also taking place at CCG and provider level up to and after the immediate closures of the A&amp;E departments.</p> <p>North West London system monitoring dashboard and Operations Executive KPIs received.</p>
	b) What assumptions /modelling has taken place to assess performance trajectories (A&E four hour target) on surrounding A&Es?	Red	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.	Red	<p>Hammersmith and Fulham CCG and Imperial College Healthcare NHS Trust are in discussion about additional support in St Mary's Hospital A&amp;E department to ensure the 95% target is maintained post Hammersmith Hospital A&amp;E closure.</p> <p>Further action required:</p> <ul style="list-style-type: none"> <li>• Confirmation 95% trajectory at St</li> </ul>

**Key****Red:**

Not met / Further action required

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Partially met / Further action required

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Fully met / limited or no further action required

					<p>Mary's will be maintained</p> <p>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 8<sup>th</sup> September 2014 and the Operations Executive are meeting weekly from the 8<sup>th</sup> August 2014.</p> <p>All System Resilience Groups submitted their system resilience plans on 30<sup>th</sup> July 2014.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>• Receipt of System Resilience Plan (SRP) for Central, West London and Hammersmith and Fulham CCGs including details of North West London wide resilience and escalation planning;</li> </ul>
	<p>c) How have these been tested in terms of sensitivity /impact /risk /thresholds on neighbouring NHS Trusts?</p>		<p>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.</p> <p>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 30<sup>th</sup> July 2014.</p> <p>NHS England and NHS TDA will also review for consistency in terms of planning assumptions around the A&amp;E closure and system resilience plans and for a clear plan for how the mitigations in place to ensure trajectories are met.</p>		

**Key**

**Red:**

Not met / Further action required

**Amber:**

Partially met / Further action required

**Green:**

Fully met / limited or no further action required

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 A&E Department? 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.		<p>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 5<sup>th</sup> August 2014.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>Confirmation of support by the Emergency Department clinical leads and that plans have been discussed within the hospital.</li> </ul>
	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?		<p>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.</p> <p>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.</p>		<p>The modelling underpinning patient flows post closure were considered by Ealing CCG Governing Body on 23<sup>rd</sup> July 2014. The CCG agreed the impact on Ealing Hospital Trust was likely to be minimal.</p> <p>Monitoring of A&amp;E and UCC performance will consist of:</p> <ul style="list-style-type: none"> <li>Winter sitrep calls from 8<sup>th</sup> September</li> <li>Weekly Operations Executive review meetings</li> <li>North West London System Operational Executive</li> </ul> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>SRP for Central, West London and</li> </ul>

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					Hammersmith and Fulham CCG including details of North West London wide resilience and escalation planning <ul style="list-style-type: none"> <li>confirmation of maintained 95% A&amp;E performance trajectory at St Mary's Hospital</li> </ul>
c) How have Trust management staff from surrounding NHS Trusts been involved in the plans for closure of the A&E Department? 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.	---	
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 CCG Governing Body should assure itself that Imperial College Healthcare NHS Trust has mitigated identified risks during the transition period.		The risk reporting arrangements for Imperial College Healthcare NHS Trust is 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. <ul style="list-style-type: none"> <li>Brent and Hammersmith &amp; Fulham CCGs Governing Bodies assured themselves of Trust plans to mitigate delivery risks at their meeting in July 2014.</li> </ul>
e) What is the system			No further action	---	

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	wide governance and accountability?				
	f) GP and 111 Communication <ul style="list-style-type: none"> <li>○ Re advice and not just send to A&amp;E. and removing fundamental reliance on A&amp;E</li> <li>○ Will GP out of hours cover need to increase?</li> </ul>		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 Hammersmith Hospitals and including alternative local services.		The communications plan includes regular communication to every Hammersmith and Fulham GP practice including letters, newsletter and GP forums between June and November 2014.

**Key**

**Red:**

Not met / Further action required

**Amber:**

Partially met / Further action required

**Green:**

Fully met / limited or no further action required

## Criteria 2: Clinical Quality & Safety

### Assurance Criteria

1. Staffing arrangements in place for the UCC at Hammersmith 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 UCC
  - 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 UCC?

#### Key

#### **Red:**

Not met / Further action required

#### **Amber:**

Partially met / Further action required

#### **Green:**

Fully met / limited or no further action required

- b) What is the policy for patients who turn up expecting there to be an A&E such as ambulatory patients?
  - c)
  - d) Is there common escalation in place?
- 3.
- a) Arrangements in place to ensure staff in the UCC 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 UCC 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 UCC
  - 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 A&E Department
  - b) Understanding consequences on surrounding hospitals and their readiness to receive displaced activity
  - c) Assessment of impact/consequences of one unit only closing first
  - d) Are there any outstanding concerns about remaining quality and safety issues?

**Key****Red:****Not met / Further action required****Amber:****Partially met / Further action required****Green:****Fully met / limited or no further action required**



- 11.
- a) Is there a training programme/induction programme being arranged by the NHS Trust 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 Trust?

Assurance Criteria	Sub Criteria	Stage 1 RAG	Stage 1 Assurance Recommendations	Stage 2 RAG	Stage 2 RAG Explanation
6 Staffing arrangements in place for UCC at Hammersmith and affected organisations in secondary and primary and community care.	a) Are arrangements for staffing levels sufficient for expected patient flows through the UCC		<p>SaHF Implementation Programme Board should review and provide the results of testing on new pathways at the UCC</p> <p>SaHF Implementation Programme Board to confirm with Hammersmith Hospital the appointment of the Emergency Nurse Practitioner as outlined in their documentation.</p> <p>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</p> <p>Additional assurance will be sought as part of the planned clinical site visit in early August.</p>		<p>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.</p> <p>Their nursing establishment is for 19.5 wte and they have 14.75 in post (five wte vacancies covered by agency nurses). Training plans have been completed and they have two new nurses starting next week who will undertake an induction programme for 1-2 weeks.</p> <p>Hammersmith Hospital Emergency</p>

**Key**

**Red:**

Not met / Further action required

**Amber:**

Partially met / Further action required

**Green:**

Fully met / limited or no further action required

					<p>Nurse Practitioner has now been appointed - see accompanying clinical reports from the site visits.</p> <p>Clarity was provided on workforce plans to staff beds at St Mary's Hospital - see accompanying clinical reports from the site visits.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>Receiving a copy of the UCC rotas for the week commencing 8 Sept</li> </ul>
	b) Assurance that staffing arrangements incorporate appropriate skill mix staff and experience		<p>SaHF Implementation Programme Board are asked to review and provide the results of testing on new pathways at Hammersmith Hospital</p> <p>Additional assurance will be sought when clinical site visit conducted by NHS England and CCG on 5<sup>th</sup> August</p>		<p>See above.</p> <p>The pathway testing process was shared with the clinical teams at Hammersmith Hospital. Further detail on this issue can be found in accompanying clinical report from the site visit.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>Receiving a copy of the UCC rotas for the week commencing 8 Sept</li> </ul>
	c) Are senior NHS Trust clinical leadership and CCGs satisfied that staffing plans have an appropriate balance between permanent and		<p>SaHF Implementation Programme Board to ask for detailed information on progress against recruitments plans by Hammersmith Hospital to increase the number of permanent</p>		<p>During the clinical site visits concerns were raised about recruitment challenges of London Ambulance Service staff.</p> <p>Further action required to move to</p>

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	agency/bank staff		UCC staff.		green: <ul style="list-style-type: none"> <li>Assurance is required that London Ambulance Service have recruitment contingency plans in place to fill the vacancies and address the recruitment issues.</li> <li>Confirmation that London Ambulance Service are confident they will have workforce in place for 10 Sept 2014</li> </ul>
	d) Hospital at night – Is there confidence in out of hours senior cover and escalation		SaHF Implementation Programme Board is asked to review and provide the results of testing on new pathways at Hammersmith Hospital UCC.  Additional assurance will be sought through the planned clinical site visit in early August.		The pathway scenario testing is ongoing at Hammersmith Hospital. Further detail on this issue can be found in accompanying clinical report from the site visit.  The site has senior cover at night for emergencies.  Further action required to move to green: <ul style="list-style-type: none"> <li>Confirmation of UCC escalation policies at Hammersmith Hospital</li> </ul>
	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?		SaHF Implementation Programme Board are requested to further review staffing plans Hammersmith Hospital UCC and clarify what further mitigations are required.		Further detail on this issue can be found in accompanying clinical report from the site visit.  Further action required to move to green: <ul style="list-style-type: none"> <li>Receiving a copy of the UCC rotas</li> </ul>

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					for the week commencing 8 Sept
7 Policies and procedures: Escalation & 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?		<p>SaHF Implementation Programme Board are asked to share the results of testing for review.</p> <p>SaHF Implementation Programme Board are asked to confirm that the updated operational policies for Hammersmith Hospital UCC are signed off by London Ambulance Service and communicated to all staff and that the agreed training programme is completed.</p>		<p>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 visit.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>The SaHF Implementation Programme Board are asked to share the outcome of stress tests of London Ambulance Service conveyancing report</li> <li>Confirmation of escalation policies at St Mary's Hospital, Charing Cross Hospital and Hammersmith Hospital</li> <li>Confirmation is required that the in-house transport arrangements has been addressed</li> </ul> <p>Further evidence with respect to clinical pathways is required on the following:</p> <ul style="list-style-type: none"> <li>Discussions with Hammersmith Hospital critical care unit regarding repatriating their renal patients.</li> </ul>
	b) What is the policy for patients who turn up expecting there to be an A&E such as Ambulatory		SaHF Implementation Programme Board are asked to share the results of testing as part of a further review of assurance		Assurance has been provided. Further detail on this issue can be found in accompanying clinical report from the site visit.

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	patients?		SaHF Implementation Programme Board are asked to confirm that the updated operational policies for Hammersmith Hospital UCC are signed off by London Ambulance Service and communicated to all staff and that the agreed training programme is completed .		
8 Safe and high quality education and training including training rotas agreed and clarified	a) Arrangements in place to ensure clinical staff in the UCC have appropriate training, knowledge and competency to provide a safe service		Further evidence is required on training plans for all staff at the UCC  Clarify is required on the responses which have been made by Hammersmith Hospital UCC to issues flagged by the education workstream.		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.
	b) Reception and support staff receive appropriate training, including basic life support training and identification of patients who need rapid escalation		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.		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: <ul style="list-style-type: none"> <li>Confirmation of the UCC's training records and escalation policies</li> </ul>
9 Clear system for triage and transfer	a) UCC clinical and support staff competency in assessment of patients on arrival, including reception staff		SaHF Implementation Programme Board are asked to share the results of testing for review as part of ongoing assurance		The systems for triage and transfer from Imperial College Healthcare NHS Trust were shared with the team, the testing is ongoing and pathways and training designed and developed from

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					the output of these.
	b) What is the policy for patients who turn up expecting there to be A&E such as ambulatory patients?		SaHF Implementation Programme Board are asked to share the results of testing for review as part of ongoing assurance		<p>The testing was discussed with the clinical team as part of the clinical site visit.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>Confirmation required that the London Ambulance Service has workforce plans to meet increased demand and achieve the standard response times</li> </ul>
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?		Hammersmith Hospital 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.		<p>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.</p> <p>Imperial College Healthcare NHS Trust confirmed that child safeguarding processes were unchanged, and also being tested during the testing programme to check if any further issues identified.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>Confirmation of IT interoperability testing</li> </ul>

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	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.	---	Imperial College Healthcare NHS Trust is 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 visit.
11 Responsiveness to patient feedback during transition	a) Sufficient planned capacity in place to ensure a timely response		SaHF Programme Implementation Board to provide details of quality monitoring action plan including the process to respond to quality and performance issues raised.		<p>The further development of the KPIs includes greater focus on quality measures and was discussed.</p> <p>Further detail on this issue can be found in accompanying clinical report from the site visit.</p> <p>The team had discussions with Imperial College Healthcare NHS Trust regarding physical capacity post 20 Sept , the following further assurance has been requested</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>• Latest versions of the KPIs to be shared</li> <li>• Time scale for completing the new ambulatory ward at St Mary's Hospital</li> </ul>
12 Safeguarding adults and children	a) Impact on vulnerable adults and children understood		Hammersmith Hospital UCC to confirm that 24 hour, 7 day safeguarding arrangements for		Assurance received. Further detail on this issue can be found in accompanying clinical report from the

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			adults and children have been reviewed in light of the changes and will be in place.		site visit.
	b) Demonstrate plans for compliance with Trust safeguarding policies at UCC		As above		Assurance received. Further detail on this issue can be found in accompanying clinical report from the site visit.
	c) Appropriate communications with vulnerable groups regarding the planned service including access and support.		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.		Assured - see domain 4: Communications and engagement.
13 Trust Board Clinical governance Assurance	a) Evidence that clinical governance, quality and safety has been reviewed and signed off at NHS Trust Board level		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 UCC is appropriately commissioned and set up to provide 24 hour, 7 day stand-alone services from September 10 <sup>th</sup> .  SaHF Implementation Programme Board should review the risk reporting arrangements at the site to ensure that they are appropriately reflected in the risk register including mitigating actions.		The risk registers have been provided and reviewed.

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			SaHF Implementation Programme Board to submit a risk register for Imperial College Healthcare NHS Trust.		
	b) Is there a common key performance indicator framework to monitor quality and safety?		SaHF Implementation Programme Board to confirm final content of balanced performance score card by Mid-August.	---	Imperial College Healthcare NHS Trust described the monitoring arrangements and the use of the KPIs.
14 Learning from Chase Farm Hospital A&E closure and serious incident investigation over child death	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		No further action	---	
15 Consequences of not being assured around the safety of the closure	a) Understanding of consequences of delay to closing the A&E department		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 visit.
	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		The risk register has been provided.  Further action required to move to green: <ul style="list-style-type: none"> <li>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.</li> </ul>

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			including any addition actions required to maintain a safe service that is meeting its key performance indicators.		
	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 visit.
	d) Are there any outstanding concerns about remaining quality and safety issues?		<p>SaHF Implementation Programme Board to continue to undertake regular reviews of action plans and risk registers to confirm progress against identified gaps.</p> <p>SaHF Implementation Programme Board to confirm the process for sign off of plans prior to the closure on 10<sup>th</sup> September including the essential criteria that must be met before the closures can be implemented</p> <p>SaHF Implementation Programme Board to confirm the date when North West London UCC will operate to the same new UCC specification as Central Middlesex Hospital UCC.</p>		<p>Further detail on this issue can be found in accompanying clinical report from the site visits.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>• 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</li> </ul>
16 Training programme	a) Is there a training programme/induction programme being arranged by the NHS Trusts to		SaHF Implementation Programme Board to ask North West London Hospitals NHS Trust and Imperial College Healthcare NHS Trust to		Confirmation has been provided that issues raised by the training boards have been addressed. Further detail on this issue can be found in

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	support the changes?		provide a more detailed training plan including their responses to the issues highlighted by the education workstream paper		accompanying clinical report from the site visits.
	b) Have discussions taken place with Health Education England / Local Education Training Boards to confirm the implications for student training at the NHS Trusts?		SaHF Implementation Programme Board to ask Imperial College Healthcare NHS Trust to provide an update on ongoing plans for student nurse placements.		Confirmation has been provided that discussions have taken place.

**Key**

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Not met / Further action required

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## Criteria 3: Operational & Capacity Planning

### Assurance Criteria

1. Readiness of UCC on Hammersmith Hospital Site to provide 24/7 service prior to closure of A&E department at Hammersmith Hospital. Has Emergency Department capacity increased at this unit?
2. Opening Hours of other UCC in the North West London Area
- 3.
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
7. Assessment of Impact on London Ambulance Service
8. Assessment of Impact on Hammersmith Emergency Unit Services following the A&E closure

### Assurance Sub Criteria

1.
  - a) To confirm opening hours of UCC on Hammersmith Hospital site
  - 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 the 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) 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
4.
  - a) To confirm profile (grades/discipline of staff to transfer to St Mary's Hospital

#### Key

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- 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?

Assurance Criteria	Sub Criteria	Stage 1 RAG	Stage 1 Assurance Recommendations	Stage 2 RAG	Stage 2 RAG Explanation
17. Readiness of UCC on Hammersmith Hospital site to provide 24/7 service prior to closure of	a) To confirm opening hours of UCC on Hammersmith Hospital site		No assurance recommendations have been given but assurance is required to evidence that the staffing model is fully in place		Details of staffing models have been provided.  Imperial College Healthcare NHS Trust workforce model report gives details of progress in recruitment and as

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A&E department at Hammersmith Hospital. Has capacity increased at this unit?				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.”
	b) To confirm how emergency and urgent access to specialist services including maternity will be managed at Hammersmith Hospital post A&E closure.		None – However, a review of the results of the 9 <sup>th</sup> July 2014 exercise will be required.	The updated clinical pathways for Hammersmith Hospital were provisionally signed off by Imperial College Healthcare NHS Trust on 1 <sup>st</sup> July 2014 (subject to the outputs from the clinical pathways testing workshop on 9 <sup>th</sup> 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) .”
	c) To confirm current vacancy rates by grade at the 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	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

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			College Healthcare NHS Trust that the junior doctor issue has been resolved.		<p>been resolved and locum cover is now in place up to 10<sup>th</sup> September 2014.</p> <p>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.</p>
	e) To confirm on going arrangements for UCC provider to report quality and safety issues into the CCG Clinical Quality Group		<p>SaHF Implementation Programme Board to confirm with Hammersmith and Fulham CCG that reporting arrangements at Hammersmith Hospital UCC are in place.</p> <p>SaHF Implementation Programme Board to confirm that arrangements for the testing of quality and safety reporting are in place and have been signed off in in preparation for the pilot ahead of closure.</p>		<p>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:</p> <ol style="list-style-type: none"> <li>1. Performance in type 1 and type 3 for Imperial College Healthcare NHS Trust by site</li> <li>2. Ambulance waits - 30 minute breaches, 60 minutes breaches</li> <li>3. Red stream proportions per UCC</li> <li>4. Treat and transfer episodes between sites</li> <li>5. Serious incidents reported relating to reconfiguration</li> <li>6. Complaints from patients</li> <li>7. Friends and Family Test results for St. Mary's Hospital and Charing Cross Hospital</li> <li>8. Focused Patient questionnaires</li> </ol> <p>The dashboard has been agreed with Partnership for Health.</p>

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				<p>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&amp;E Operations Executive is now meeting weekly.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> <li>1. The CSU to reinstate the daily Sitrep data items (delayed transfers of care, A&amp;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</li> <li>2. The CSU to request UCC attendance and performance data daily rather than weekly</li> <li>3. To work with the CSU to employ the Bank Holiday planning and</li> </ol>
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				<p>preparation processes for the 10<sup>th</sup> September 2014 service transition</p> <p>4. To schedule in a series of conference calls before, on the day of, and for seven days after the A&amp;E closures</p> <p>5. To change the CSU's escalation RAG status within the CMS from Red to Amber during the transition period</p>
18. Opening Hours of other UCC in North West London Area	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		SaHF Implementation Programme Board to provide evidence to show all other acute sites operating are 24/7 UCCs.	All UCC sites except St Mary's Hospital are 24/7. St Mary's will be 24/7 from March 2015.
20. Assessment of Impact on St Mary's Hospital	a) To confirm profile (grades/discipline of staff to transfer to St Mary's Hospital.		<p>SaHF Implementation Programme Board to confirm that all new staff are in place at St Mary's by 10th September.</p> <p>SaHF Implementation Programme Board to confirm whether there will be a pathway co-ordinator</p> <p>SaHF Implementation Programme Board to confirm whether there will be an additional middle grade resource</p>	<p>See 17a.</p> <p>Full details of staffing resources agreed have been provided and confirmed as sufficient.</p>

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	b) To understand impact on overall St Mary's Hospital A&E vacancies.			Details of vacancies pre and post implementation of A&E closures have been received (and set out in Hammersmith and Fulham CCG final report)
	c) To confirm arrangements for staff induction/transition plan.		SaHF Implementation Programme Board to confirm induction/transition plans are in place for other groups of staff.	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.
	d) To confirm assessment of performance trajectory for St Mary's Hospital A&E department (4 hour target, breaches, readmissions).		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.	<p>The Imperial College Healthcare NHS Trust Integrated Delivery Meeting on 24<sup>th</sup> July 2014 confirmed that 95% all type performance would be maintained at St Mary's Hospital.</p> <p>This issue is also being addressed at Executive level.</p> <p>Contingency arrangements are set out in Hammersmith and Fulham CCG report as follows:</p> <p>"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&amp;E attendances (Type 1). The Central London, West London, Hammersmith and Fulham, Hounslow and Ealing</p>

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				<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> <li>• Increasing GP cover in the Urgent Care Centre to cope with the increased demand.</li> <li>• Improving Medical Assessment Unit capacity to streamline the pathway for admitted patients and relieve A&amp;E pressure.</li> <li>• Increasing A&amp;E consultant cover in the A&amp;E department manage current performance issues</li> <li>• Increasing GP staffing in the Urgent Care Centre.”</li> </ul>
	e) To confirm impact/ revised modelling on flow through department e.g. impact on Ambulatory Assessment Unit and Surgical Assessment Unit		<p>SaHF Implementation Programme Board to confirm that all new facilities have opened on time</p> <p>SaHF Implementation Programme Board to confirm that provision for additional transport has been put in place</p>	<p>Assurance received in statement of readiness that all new facilities will be in place according to planned timeline.</p> <p>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</p>

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				assurance.
	f) To confirm additional hospital capacity is in place i.e. beds, diagnostics, pathology, discharge planning.		SaHF Implementation Programme Board to provide further information on the potential increase in demand for services including pathology/diagnostics.	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			<p>SaHF Implementation Programme Board to confirm that additional resources are in place by timescales set out is required.</p> <p>SaHF Implementation Programme Board to clarify the additional assessment trolleys will be used.</p>	<p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>• confirmation that additional resources are in place by timescales set out is required</li> <li>• SaHF Implementation Programme Board to clarify the additional assessment trolleys will be used</li> </ul>
22. Assessment of impact on local community services	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?		SaHF Implementation Programme Board to provide evidence that community providers are aware of the closure.	<p>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 15<sup>th</sup> August 2014.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>• confirmation that the providers have received the letter received from</li> </ul>

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					SaHF Implementation Programme Board.
23. Assessment of impact on local authority services	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?		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	a) How has the impact of the changes been discussed and reviewed by the 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?		<p>SaHF Implementation Programme Board to confirm that the results of the 13<sup>th</sup> June 2014 table top exercise with London Ambulance Service have been resolved/implemented</p> <p>SaHF Implementation Programme Board are asked to progress with agreeing revised London-wide criteria for London Ambulance Service conveyance to UCCs</p> <p>SaHF Implementation Programme Board to confirm whether the attached criteria are the revised or the existing versions.</p>		<p>Statement of Readiness in letter from London Ambulance Service (LAS) on 11<sup>th</sup> July 2014 states that:</p> <p>“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.”</p> <p>Evidence has been provided of</p>

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					<p>modelling and surge plans. Intelligent conveyancing model has been reviewed to cope with spikes in demand. Conveyance criteria has been agreed for Hammersmith Hospital UCC.</p> <p>Current pathway exclusion criteria has been provided.</p>
25. Assessment of Impact on Hammersmith Emergency Unit services following the A&E closure	a) Have new pathways been agreed to manage patients referred into specialist services at Hammersmith site. How have the new pathways been tested?		Yes, see above		<p>Hammersmith Hospital UCC pathways went live on 12<sup>th</sup> August 2014.</p> <p>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)</p> <p>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) .”</p>
	b) Do they include maternity admissions and if not are there alternative arrangements in place to		No further action	--	

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	gain access to Maternity services in an emergency for a booked or unbooked patient?				
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**Key**

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## Criteria 4: Communications & Engagement

### Assurance Criteria

#### 1. Communication with public:

The A&E closure 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

#### Key

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- Detailed action plan including a defined set of deliverables
  - Evaluation – robust set of metrics and KPIs to demonstrate successful outcomes
- b) Do the ToR of NHS Trust communications and CCG/SaHF Implementation Programme Board communications clearly set out who is responsible for which 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 post the closure of the A&E? How will these be monitored?
- 2.
- a) Signage review and updated to reflect new / changed services
- b) NHS Trust website/information updated to reflect changes to services
- c) NHS Trust letters/email strap sign reflect changes
- 3.
- a) Is there a robust communication strategy for all NHS Trust staff?
- b) How have non A&E department staff been engaged in discussions on plans and changes to services?

Assurance Criteria	Sub Criteria	Stage 1 RAG	Stage 1 Assurance Recommendations	Stage 2 RAG	Stage 2 RAG Explanation
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	a) Is there a robust and detailed communications strategy? Does this include: <ul style="list-style-type: none"> <li>○ Clear aims and objectives</li> <li>○ Detailed audience stakeholder and audience analysis (including patients, media, representatives from parliamentary and local government,</li> </ul>		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 As/briefings shared and circulated when updated.  Further discussions have been agreed with the SaHF communications team as more specific plans are developed e.g.		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 27 <sup>th</sup> July 2014.  A huge amount of comms activity launched on 28 <sup>th</sup> July 2014 and continues to be rolled out. This

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<p>communications campaign. External communications; All closure and transition plans – major incident response, staff transition, business continuity - include a communications strand which seeks to proactively engage with key audiences and stakeholders as well as identifying and managing communications risks.</p>	<p>employee and industrial relations, the public, specific interest groups for example. LD clients , opinion leaders</p> <ul style="list-style-type: none"> <li>○ Risk management and mitigation</li> <li>○ Detailed action plan including defined set of deliverables</li> <li>○ Evaluation – robust set of metrics and KPIs to demonstrate successful outcomes</li> </ul>		<p>for use of social media, sign off processes, out of hours, monitoring of comments and questions and agree who and how to respond</p> <p>SaHF Implementation Programme Board to confirm website is in place by 28<sup>th</sup> July 2014 in time for the comms launch.</p> <p>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, NHS England, NHS TDA, London Ambulance Service) using the communications launch as the key date for preparedness</p> <p>SaHF Implementation Programme Board to clarify responsibilities for handling specific media enquiries.</p> <p>SaHF Implementation Programme Board to confirm method to coordinate key messages and share narrative/ spokesperson briefings.</p>		<p>includes door drops, leaflets, posters, targeted letters, newspaper adverts, billboards, screens in surgeries, bus and bus stop advertisement and pharmacy bags.</p>
	<p>b) Do the ToR of NHS Trust communications and CCG/SaHF board</p>		<p>SaHF Implementation Programme Board to be sighted on any potential overlaps with NHS</p>		<p>The media and comms protocol in the comms plan is very clear that Sarah Bellman and the SAHF comms group</p>

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	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?		Trust/CCG and SaHF communications		is responsible for all comms, including agreeing and sharing messaging and responses to media and other stakeholder requests with the CCG and NHS Trust involved. SaHF comms team have clarified which aspects of the campaign will be undertaken by the NHS Trust specifically.
	c) What communications plans are in place for post the changes? How will these be monitored?		It is suggested that as part of final review prior to closure that the SaHF Implementation Programme Board and NHS Trust review messages to ensure that information provided is current for example NHS Trust website, leaflets (one version: easy read), general website, social media (including agreed twitter hashtags)		The information campaign is planned to go beyond the 10 <sup>th</sup> 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 21 <sup>st</sup> 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.
26. External Communications; That patients/users are	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		There are clear plans in place by the NHS Trusts, the companies they use to manage internal and external

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physically sign posted to the new arrangements e.g. removal of A&E signs (within site and externally)			<p>out changes to signage by the NHS Trust and that signage is clear to anyone visiting.</p> <p>SaFH Implementation Programme Board to ensure the coordination of key messages.</p> <p>SaFH Implementation Programme Board to ensure consistency in terminology when referring to the closure of the A&amp;E to avoid possible confusion.</p>		<p>signage, Transport for London and the Highways Agency to make the necessary changes by 10<sup>th</sup> September 2014. This is managed through the Hammersmith Hospital Equalities and Access Workstream.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>Confirmation of the final designs of the sign.</li> </ul>
	b)NHS Trust website/information updated to reflect changes to services		<p>SaFH 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 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</p> <p>SaFH Implementation Programme Board to confirm what actions the NHS Trust and CCG have taken to ensure their websites have been updated. The timing on this is a priority.</p>		Information on the changes to emergency care in North West London can be accessed via a specific website which was launched on 27 <sup>th</sup> July ahead of the comms campaign. The website is signposted from individual NHS Trust and CCG websites.

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	c) NHS Trust letters/email. strap sign reflect changes		SaHF Implementation Programme Board to confirm actions Imperial NHS Trust and H&F CCG have taken to ensure their communications have been updated and are appropriate for vulnerable groups.		The comms team within the Imperial NHS Trust and SaHF continue to audit the information available across the sites and check for accuracy.
	d) Appropriate communications with vulnerable groups about service changes, access, support		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.		An easy read leaflet along with leaflets in alternative languages have been made available.  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.
27. Staff Communications	a) Is there a robust communication strategy for all NHS Trust staff?		SaHF Implementation Programme Board to review on going plans to understand how Imperial NHS Trust (and H&F CCG) are communicating messages about changes to staff as well as to the public and patients.  SaHF Implementation Programme Board to ensure plans are in place to brief internal comms at the Imperial NHS Trust and key stakeholders.		The Imperial NHS Trust have detailed activity plans underway and evaluation of this is ongoing.
	b) How have staff not working in the A&E		While the clinical visit to Imperial NHS Trust will allow further testing		SaHF comms team has provided a full list of staff communication – both

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	<p>departments been engaged in discussions on plans and changes to services?</p>		<p>to understand how communications with staff are being provided, these will be after the comms launch. SaFH Implementation Programme Board to ensure that meetings with Communications colleagues have been organised.</p> <p>SaHF Implementation Programme Board to demonstrate that plans are in place to engage internal comms.</p>		<p>written and face-to-face. Continued evaluation of this is needed up to and after the 10<sup>th</sup> September 2014 closure date. This should also include London Ambulance Service staff and police.</p>
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## Criteria 5: EPRR Assurance

Assurance Criteria	Sub Criteria	Stage 1 RAG	Stage 1 Assurance Recommendations	Stage 2 RAG	Stage 2 RAG Explanation
28. Business Continuity	a) All BCPs reflect changes in configuration of service delivery units	Amber		Green	<p>The BCP includes a process for on-going testing.</p> <p>A business continuity strategy for Imperial College Healthcare NHS Trust was submitted for all sites and reviewed. The strategy contains division/department specific plans.</p> <p>The strategy uses the same action cards as those for a major incident and only gives advice as to what needs to be done following the declaration of an emergency. It is not clear whether the same actions are applicable in a business continuity incident.</p> <p>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).</p> <p>The current strategy is aligned to BS25999 but this standard has now</p>

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					<p>been replaced by ISO 22301, ISO22313, PAS2015. Under the national core standards for EPRR BCPs should be aligned to this current standard.</p> <p>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.</p>
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<p>29 Surge Management</p>	<p>a) All internal surge management plans to reflect changes in configuration of services including procedures for escalation across sites</p>		<p>SaFH Implementation Programme Board to confirm with the UCC provider that escalation processes are in place to manage excess demand and how those processes integrate across the Trust by identifying;</p> <ol style="list-style-type: none"> <li>1. the agreed escalation processes between Imperial, CLCH and London Central West Unscheduled Care Collaborative</li> <li>2. the training, testing and exercising arrangements are to validate these changes</li> </ol> <p>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</p>		<p>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.</p> <p>Further action required to move to green:</p> <ul style="list-style-type: none"> <li>• SAFH programme Implementation Board need to confirm that Imperial College Healthcare NHS Trust's surge plan has been completed and reviewed.</li> </ul>
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<p>30 Major Incident Response</p>	<p>a) Major Incident Plans to reflect changes in capability</p>		<p>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.</p>	 <p>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.</p> <p>The plan details the supporting role the Hammersmith UCC to Charing Cross and St. Mary's Hospitals during a major incident.</p> <p>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.</p> <p>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.</p>
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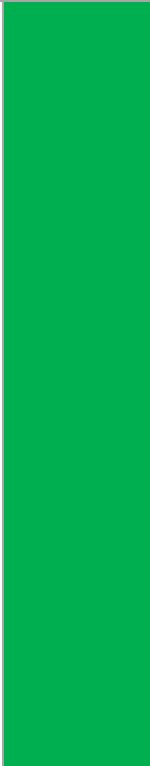
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<p>31. Command and Control</p>	<p>a) Trust wide command and control procedures to reflect changes in service provision</p>		<p>Review the command and control structure to ensure that the agreed system is capable of managing concurrent business continuity and major incidents</p> <p>To ensure that the command and control plan is compatible with both the revised major Incident and business continuity plans.</p>		<p>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</p>
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## Annex A: Summary of Assurance Activities

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 Imperial College Healthcare NHS Trust and Hammersmith and Fulham CCG. This included the Accountable Officer from Hammersmith and Fulham CCG; 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 22<sup>nd</sup> July 2014 to test emergency preparedness in light of the changes.
- A clinically led site review visit as carried out on 5<sup>th</sup> 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.

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- NHS TDA led meeting with the London Ambulance Service on 6<sup>th</sup> August 2014.
- Commissioned independent clinical review of UCC pathway at Hammersmith Hospital - completed on 22<sup>nd</sup> August.
- Review of stage two assurance report by formal NHS England (London) and NHS TDA governance arrangements on 26<sup>th</sup> August.
- A final review meeting to be held on 3<sup>rd</sup> September 2014 with the SaHF team involving clinical and managerial representatives from t Imperial College Healthcare NHS Trust and Hammersmith and Fulham CCG to confirm operational readiness.

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**Appendix 4 – Full list of documentation provided for the NHS England / NHS Trust Development Authority assurance of the planned A&E Department closure at Hammersmith Hospital**

Section Number	Section	Documentation
1	Fit with the overall strategic plans for North West London	<p>Public Information Leaflet on HH and CMH A&amp;E Closures</p> <p>Clinical Quality Dashboard</p> <p>Communications &amp; Engagement Plan</p> <p>Draft Whole Systems Integrated Care / Out of Hospital Board Notes 6 May</p> <p>H&amp;F CCG Local Communications - Draft</p> <p>H&amp;F Whole Systems Integrated Care / Out of Hospital Board Minutes June 2014</p> <p>Independent Reconfiguration Panel Report on SaHF</p> <p>H&amp;F Out of Hospital Board Minutes 1 April 2014 Draft</p> <p>Letter from Secretary of State to Councillors Dr Abdullah Gulaid and Anita Kapoor (date 30 October 2013)</p> <p>Paper on Hammersmith Hospital Emergency Unit Closure for 28 May Imperial Trust Board Meeting and Minutes</p>
2	Approval of plans approved by the relevant quality and safety boards	<p>SaHF Clinical Board Agenda 10 July 2014</p> <p>SaHF Programme Update on Hammersmith Hospital Emergency Unit Closure Assurance Process</p> <p>Proposal for the establishment of an Operations and Executive Group and associated information monitoring system</p> <p>Report from independent review of Hammersmith UCC on 22 August 2014</p> <p>SAHF Clinical Board Draft Minutes from 21st August 2014</p> <p>SaHF Implementation Programme Board on 22nd May – Presentation of closure of Hammersmith Hospital A&amp;E</p> <p>Letter to SaHF Implementation Programme Board Members – preparations for 3 July SaHF Implementation Programme Board and outcomes</p> <p>Paper on Hammersmith Hospital Emergency Unit Closure for 28 May Imperial Trust Board Meeting and Minutes</p> <p>SaHF Clinical Board Papers and Minutes from 22 May</p> <p>SaHF Emergency and Urgent Care Clinical Implementation Group minutes (14th March)</p> <p>H&amp;F CCG Governing Body papers and minutes from 13 May</p> <p>Emergency and Urgent Care Clinical Implementation Group report</p> <p>Gap analysis between Hammersmith UCC and SaHF specification</p> <p>North West London System capacity monitoring paper</p>

Section Number	Section	Documentation
3	Involvement of senior clinical Staff in decision making and planning	Imperial intersite transport document
		Imperial Trust Board paper 30 July 14
		Minutes from Clinical Pathways Workstream
		Minutes from Hammersmith Emergency Unit Closure Committee
		SAHF Clinical Board Draft Minutes from 21st August 2014
		North West London wide activity and capacity report
		Central Middlesex and Hammersmith Activity overlap analysis – report for SaHF Implementation Programme Board on 3rd April
		North West London Contingency Plan
		North West London A&E KPI performance reports (13/14)
		SaHF Lessons Learned from Barnet Enfield and Haringey Clinical Strategy Programme
		Outputs from London Ambulance Service table top modelling workshop on 13 June
4	Assumptions on implications for surrounding A&E and UCC Departments	Acute standards for Imperial assessment and gap analysis
		Contingency Planning - SaHF Implementation Programme Board Paper
		Hammersmith Hospital Urgent Care Centre Staffing Model and Business Case
		Imperial proposal for additional GP time to support St. Mary's UCC
		Imperial Statement of Readiness (presented to 22 July H&F CCG Governing Body)
		Imperial Trust 95% Performance Trajectory
		North West London System Monitoring Plan
		Proposal for the establishment of an Operations and Executive Group and associated information monitoring system
		SAHF Clinical Board Draft Minutes from 21st August 2014
		System Resilience plan for Tri-Borough CCGs (West London CCG, Central London CCG, Hammersmith & Fulham CCG)
Terms of Reference for Operations Executive		
5	Involvement of surrounding A&E Departments in plans for closure	Communications & Engagement Plan
		Letter to Clinical Leads for Emergency Care in neighbouring NHS Trusts to confirm awareness of plans for A&E closures
		Responses from Clinical Leads for Emergency Care in neighbouring NHS Trusts to confirm awareness of plans for A&E closures
		Letters to CEOs of Provider Trusts to confirm awareness of plans for A&E closures
		Responses from CEOs of Provider Trusts to confirm awareness of plans for A&E closures
		Letters to GPs and materials sent to GP surgeries

Section Number	Section	Documentation
		<p>Proposal for the establishment of an Operations and Executive Group and associated information monitoring system</p> <p>System Capacity Monitoring Paper</p> <p>North West London Contingency Plan</p> <p>Hammersmith Hospital Emergency Unit Transition Project Initiation Document</p> <p>SaHF Programme Project Initiation Document</p> <p>North West London Wide Activity and Capacity report</p> <p>GP Communications and engagement plan</p> <p>Charing Cross and Hammersmith Zone Risk Log</p>
6	Staffing arrangements in place for UCC at Hammersmith and affected organisations in secondary and primary and community care.	<p>Approved Acute Clinical Pathways for Hammersmith Hospital</p> <p>Current status of Hammersmith UCC staff recruitment</p> <p>Fully staffed Hammersmith UCC staff rota, from 8 Sept to 30 Sept</p> <p>Hammersmith Hospital Urgent Care Centre Staffing Model and Business Case</p> <p>Hammersmith and Fulham centres for health escalation policy [standalone UCC]</p> <p>Hammersmith and Fulham centres for health escalation policy [standalone UCC]</p> <p>Local Management of Major Incident at Hammersmith UCC</p> <p>Hammersmith UCC escalation plan if there is No GP at streaming</p> <p>Management of patients requiring emergency treatment at Hammersmith UCC</p> <p>Management of patients requiring emergency treatment at Hammersmith UCC</p> <p>Imperial Clinical Pathways Testing Report</p> <p>Imperial workforce plan</p> <p>London Ambulance Service modelling report - Feb 2014</p> <p>Report from Clinical Pathways table top modelling workshop on 9 July</p> <p>Report from London Ambulance Service table top modelling workshop on 13 June</p>
7	Policies and procedures: Escalation & referral pathways and transfer arrangements	<p>Hammersmith and Fulham centres for health escalation policy [standalone UCC]</p> <p>Local Management of Major Incident at Hammersmith UCC</p> <p>Hammersmith UCC escalation plan if there is No GP at streaming</p> <p>Management of patients requiring emergency treatment at Hammersmith UCC</p> <p>Report from Clinical Pathways table top modelling workshop on 9 July</p> <p>Imperial Emergency Department's Standard Operating and Escalation guidelines</p> <p>Imperial intersite transport document</p>



Section Number	Section	Documentation
		<p>London Ambulance Service Conveyancing report</p> <p>London Ambulance Service modelling report - Feb 2014</p> <p>London Ambulance Service statements of readiness</p> <p>Report from London Ambulance Service table top modelling workshop on 13 June</p> <p>West &amp; North West Sector Local Hospital (Urgent Care Centre) Pathway Exclusion Criteria</p> <p>Approved UCC clinical pathways for Hammersmith Hospital UCC</p> <p>Approved Acute Clinical Pathways for Hammersmith Hospital</p> <p>Report from London Ambulance Service table top modelling workshop on 13 June</p> <p>Updated 24/7 UCC Operating Model for Hammersmith Urgent Care Centre</p> <p>Hammersmith Hospital Operational Policies Standard operating procedure for response to request for help from the stand alone UCC at Hammersmith hospital</p>
8	Safe and high quality education and training including training rotas agreed and clarified	<p>CLCH Staff Training Record</p> <p>Hammersmith UCC Readiness Report</p> <p>Hammersmith and Fulham centres for health escalation policy [standalone UCC]</p> <p>Local Management of Major Incident at Hammersmith UCC</p> <p>Hammersmith UCC escalation plan if there is No GP at streaming</p> <p>Management of patients requiring emergency treatment at Hammersmith UCC</p> <p>Hammersmith Hospital Urgent Care Centre Staffing Model and Business Case</p> <p>Training plans for Hammersmith Hospital UCC</p>
9	Clear system for triage and transfer	<p>CLCH Staff Training Record</p> <p>Hammersmith and Fulham centres for health escalation policy [standalone UCC]</p> <p>Local Management of Major Incident at Hammersmith UCC</p> <p>Hammersmith UCC escalation plan if there is No GP at streaming</p> <p>Management of patients requiring emergency treatment at Hammersmith UCC</p> <p>Report from Clinical Pathways table top modelling workshop on 9 July</p> <p>Hammersmith UCC Pathways and Operating Policies</p> <p>Training plans for Hammersmith Hospital UCC</p> <p>Standard operating procedure for response to request for help from the stand alone UCC at Hammersmith hospital</p> <p>London Ambulance Service Conveyancing Report</p> <p>Emergency and Urgent Care Clinical</p>

Section Number	Section	Documentation
		Implementation Group report
10	Software systems for safe transfer of patient Information	An overview of the provision of clinical support to the SaHF reconfiguration programme Hammersmith UCC Pathways and Operating Policies
11	Responsiveness to patient feedback during transition, including complaints	Acute KPI Dashboards System monitoring dashboard
12	Safeguarding adults and children	Email from Partnership for Health on UCC safeguarding protocols Public Information Leaflet on HH and CMH A&E Closures: 10x Translations of Materials Easy Read translations of materials Papers and minutes of Equalities and Access Workstream Emergency and Urgent Care Clinical Implementation Group report Communications and Engagement plan Papers and minutes of Communications and Engagement Workstream
13	Trust Board Clinical governance Assurance	H&F CCG Risk Register Imperial Trust Board paper 30 July 14 Paper on Hammersmith Hospital Emergency Unit Closure for 28 May Imperial Trust Board Meeting and Minutes North West London System Monitoring Plan Proposal for the establishment of an Operations and Executive Group and associated information monitoring system Imperial Monitoring of the Closure Impact Paper Imperial Performance Monitoring Reports
14	Learning from Barnet & Chase Farm A&E closure and Serious Incident investigation over child death	SaHF Lessons Learned from Barnet Enfield and Haringey Clinical Strategy Programme Hammersmith Hospital Emergency Unit Transition Project Initiation Document Communications and Engagement plan
15	Consequences of not being assured around the safety of the closure	H&F CCG Risk Register Letter to Clinical Leads for Emergency Care in neighbouring NHS Trusts to confirm awareness of plans for A&E closures Responses from Clinical Leads for Emergency Care in neighbouring NHS Trusts to confirm awareness of plans for A&E closures Letters to CEOs of Provider Trusts to confirm awareness of plans for A&E closures Responses from CEOs of Provider Trusts to confirm awareness of plans for A&E closures SaHF Programme Initiation Document Paper on Hammersmith Hospital Emergency Unit Closure for 28 May Imperial Trust Board Meeting and Minutes

Section Number	Section	Documentation
		SaHF Implementation Programme Board Minutes (22 May)
16	Training programme	Email from Health Education North West London confirming that all issues highlighted in Education Workstream Impact Assessment have been resolved
		Examples of Imperial Nurse Induction Programmes
		Hammersmith Emergency Unit Closure Education Impact Assessment Paper
		Imperial Statement of Readiness (presented to 22 July H&F CCG Governing Body)
17	Readiness of UCC on Hammersmith Hospital site to provide 24/7 service prior to closure of A&E department at Hammersmith Hospital. Has capacity increased at this unit?	A&E Vacancy Rates (rolling 12 month averages by month) for the last 12 months at Hammersmith Hospital, Charing Cross Hospital and St. Mary's Hospital
		Report from Clinical Pathways table top modelling workshop on 9 July
		Current status of Hammersmith UCC staff recruitment
		H&F CCG Governing Body Assurance Report (22 July)
		Hammersmith Hospital Urgent Care Centre Staffing Model and Business Case
		Imperial Statement of Readiness (presented to 22 July H&F CCG Governing Body)
		Imperial Trust Board paper 30 July 14
		Imperial workforce plan
		Hammersmith Hospital Urgent Care Centre Staffing Model and Business Case
		Hammersmith UCC Pathways and Operating Policies
		Approved Acute Clinical Pathways for Hammersmith Hospital
		North West London wide activity and capacity plan report
		Minutes from Clinical Pathways meeting on 11th June
18	Opening Hours of other UCC in North West London Area	Emergency and Urgent Care Clinical Implementation Group Final Report
		Emergency and Urgent Care Emergency and Urgent Care Clinical Implementation Group meetings papers and minutes
20	Assessment of Impact on St Mary's Hospital	Acute standards for Imperial assessment and gap analysis
		Examples of Imperial Nurse Induction Programmes
		Imperial intersite transport document
		Imperial Statement of Readiness (presented to 22 July H&F CCG Governing Body)
		Imperial Trust Board paper 30 July 14
		London acute standards for Imperial assessment & gap analysis
		London Ambulance Service statement of readiness

Section Number	Section	Documentation
		North West London Acute Key Performance Indicator dashboard
		North West London Contingency Plan
		North West London System Monitoring Plan
21	Assessment of impact on local community services	Imperial presentation to SaHF Clinical Board (21 August 2014)
		Charing Cross and Hammersmith Zone Non-Elective Transition Steering Group Meeting Papers
		Terms of Reference for the Tri-Borough Urgent Care Programme Board
		Terms of Reference for the SaHF Implementation Programme Board
		Hammersmith Hospital Emergency Unit Transition Project Initiation Document
22	Assessment of impact on local community services	Letter to Clinical Leads for Emergency Care in neighbouring NHS Trusts to confirm awareness of plans for A&E closures
		Responses from Clinical Leads for Emergency Care in neighbouring NHS Trusts to confirm awareness of plans for A&E closures
		Letters to CEOs of Provider Trusts to confirm awareness of plans for A&E closures
		Responses from CEOs of Provider Trusts to confirm awareness of plans for A&E closures
		Minutes from the Charing Cross and Hammersmith Non-Elective Transition Steering Group Meeting – Jan & Feb 2014
		Minutes from the Tri-Borough Urgent Care Programme Board
		Terms of Reference for the Tri-Borough Urgent Care Programme Board
23	Assessment of Impact on London Ambulance Service	West & North West Sector Local Hospital (Urgent Care Centre) Pathway Exclusion Criteria
		Hammersmith Hospital Emergency Unit Transition Project Delivery Board papers and minutes.
		Shaping a healthier future Clinical Board Papers (22nd May)
		Report from London Ambulance Service table top modelling workshop on 13 June
		West & North West Sector Local Hospital (Urgent Care Centre) Pathway Exclusion Criteria
		Communications and Engagement plan
24	Assessment of Impact on Hammersmith Emergency Unit services following the A&E closure	West & North West Sector Local Hospital (Urgent Care Centre) Pathway Exclusion Criteria
		Approved Acute Clinical Pathways for Hammersmith Hospital
		Papers and minutes from 23 April Hammersmith Hospital Emergency Unit Project Delivery Board
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	A&E Closure GP member engagement plan v1 DS
		Communications & Engagement Plan
		Q&As and FAQs for the Closure of A&E at Hammersmith Hospital
		Papers and action log from Communications and

Section Number	Section	Documentation
	key audiences and stakeholders through a multi-disciplinary communications campaign. External communications; All closure and transition plans – major incident response, staff transition, business continuity - include a communications strand which seeks to proactively engage with key audiences and stakeholders as well as identifying and managing communications risks.	Engagement workstream
		Engagement plan – database of groups that will be engaged with
		Terms of Reference for Communications and Engagement workstream
		Paper on Hammersmith Hospital Emergency Unit Closure for 28 May Imperial Trust Board Meeting and Minutes
		Media Statement (6th June)
		Update from Communications & Engagement workstream (10th June)
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)	Communications & Engagement Plan
		Public Information Leaflet on A&E Closure: 10x Translations of Materials Easy Read translations of materials
		Updated designs for road signs
		Specification to support engagement for voluntary and community groups as part of transition of A&E services from Hammersmith Hospital
		Update from Communications & Engagement workstream (10th June)
27	Staff Communications	Full list of all staff communication activity at Imperial
		Staff consultation document
28	Business Continuity	Imperial Business Continuity Plan
		Training Programme
		North West London Contingency Plan
29	Surge Management	Hammersmith and Fulham centres for health escalation policy [standalone UCC]
		Local Management of Major Incident at Hammersmith UCC
		Hammersmith UCC Escalation plan if there is No GP at streaming
		Management of patients requiring emergency treatment at Hammersmith UCC
		Imperial Emergency Department's Standard Operating and Escalation guidelines
		Imperial Business Continuity Plan
30	Major Incident Response	Major Incident Plan for Charing Cross Hospital
		Major Incident Plan for Hammersmith Hospital
		Major Incident Plan for St. Mary's Hospital
31	Command and Control	Imperial Business Continuity Plan
		Major Incident Plan for Charing Cross Hospital
		Major Incident Plan for Hammersmith Hospital
		Major Incident Plan for St. Mary's Hospital
NHS England Challenge Session	Challenge Session: 1 Programme overview and governance - see slides	Hammersmith Urgent Care Centre Transition Plan
		Imperial transition plan
		Implementing the service transitions: timeline for 10 September

Section Number	Section	Documentation
		Proposal for the establishment of an Operations and Executive Group and associated information monitoring system
	Challenge Session: 2 New UCC at Hammersmith	Imperial performance Monitoring Dashboard
	Challenge Session: 3 London Ambulance Service protocols and readiness	West & North West Sector Local Hospital (Urgent Care Centre) Pathway Exclusion Criteria
	Challenge Session: 4 Receiving sites	H&F CCG Governing Body Assurance Report (22 July) SaHF Patient and Public Representative Group Meeting Notes
	Challenge Session: 5 Communication plan	Communications & Engagement Plan Communications with Local Authority
NHS England / NHS Trust Development Authority Report from Imperial Site Visit on 5 August	NHS England / NHS Trust Development Authority Report from Imperial Site Visit on 5 August	Imperial approved Infection Control Plans Terms of Reference for Operations Executive Quality, Safety and Performance Monitoring Dashboard - Assurance Measures for A&E Transition CLCH July Staffing Report Fully staffed Hammersmith UCC staff rota, from 8 Sept to 30 Sept CLCH Training Records Hammersmith and Fulham centres for health escalation policy [standalone UCC] Local Management of Major Incident at Hammersmith UCC Hammersmith UCC escalation plan if there is No GP at streaming Management of patients requiring emergency treatment at Hammersmith UCC London Ambulance Service modelling report, Feb 2014 Imperial intersite transport plan Imperial Emergency Department's Standard Operating and Escalation guidelines Imperial presentation to SaHF Clinical Board (21 August 2014) Official Statement of Readiness from London Ambulance Service West & North West Sector Local Hospital (Urgent Care Centre) Pathway Exclusion Criteria Imperial Corporate Risk Register (extract of Hammersmith EU Closure Risks)

**Appendix 5 – Post A&E Closure Public Information Leaflet**

See attached document

A&E services have changed at  
**Central Middlesex Hospital**  
and **Hammersmith Hospital**

The Accident and Emergency departments  
at both hospitals have now **closed**.

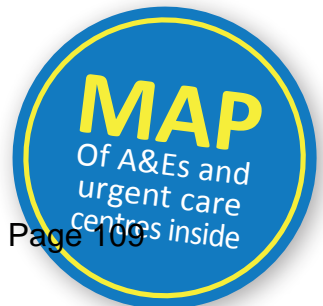


**Urgent care centres at both sites**  
**are open 24 hours a day, 7 days a week**  
to treat patients with minor illnesses and  
injuries that are urgent but not life-threatening.

**In an emergency, dial 999**

Call NHS 111 if you urgently need medical help  
or advice but it's not a life-threatening situation

Visit [www.nwlonemergencycare.nhs.uk](http://www.nwlonemergencycare.nhs.uk)  
for more information.





## Urgent care centres

Urgent care centres (UCCs) are run by experienced GPs and nurses for patients who cannot wait for a GP appointment, but do not need the emergency treatment provided at an A&E.

You do not need an appointment.

Adults and children can use the UCCs for:

- ✓ Sprains and strains of ankles, wrists and knees
- ✓ Minor burns of small areas
- ✓ Cuts including those that may need stitches
- ✓ Minor infections that GPs commonly treat such as ear, nose and throat
- ✓ Minor broken bones such as toes, finger and collarbone
- ✓ X-rays

## Accident and Emergency

In Accident and Emergency (A&E) you will be seen by specialist doctors and nurses ready to treat those with major, life threatening illnesses and injuries such as:

- ✓ Loss of consciousness
- ✓ Persistent severe chest pain
- ✓ Breathing difficulties and choking
- ✓ Severe bleeding that cannot be stopped

## In an emergency dial 999

An ambulance crew will start treating you as soon as they arrive and they will then take you to the right hospital for your condition, to ensure you get the best possible treatment.

## Central Middlesex Hospital

Central Middlesex Hospital will continue to provide a wide range of services including:

- ✓ Outpatient services.
- ✓ Medical day care (including blood transfusions).
- ✓ Planned surgery and tests.
- ✓ Care of the elderly.
- ✓ Radiography.

Brent has one of the highest populations of patients with sickle cell disease in the country. The Brent Sickle Cell and Thalesaemia Centre will continue to be based at Central Middlesex Hospital to provide specialist care for patients with the condition.

## Hammersmith Hospital

Hammersmith Hospital will continue to provide a wide range of services including:

- ✓ Outpatient services.
- ✓ Heart Attack Centre.
- ✓ Renal unit.
- ✓ Haematology unit.
- ✓ Cancer unit.
- ✓ Gynaecology unit.
- ✓ Maternity services at Queen Charlotte's Hospital.

## Why are services changing?

Changes to our local NHS are necessary as we have a growing population with more long term conditions but also because as medicine advances, the way we provide care also needs to change.

Some treatments that once required a lengthy stay in hospital can now be resolved with day surgery and some conditions requiring regular trips to hospital can now be treated in the patient's home. This means we need fewer beds and allows us to concentrate our resources on community services and specialist hospital care for those times when you really need it.

By centralising some services onto fewer sites, such as we are doing with A&E departments, it means we can improve care and save more lives. We do this by having more doctors on site so you are seen quicker by a senior consultant and enabling those doctors to deal regularly with complicated cases which keeps up their expertise.

This is part of a wider programme of improvements over the next 3-5 years which includes significant investment in hospitals across north west London, better access to GPs and new community services combining health and social care staff to allow people to be cared for in their own homes wherever possible.

[Open for map of A&Es and UCCs in north west London](#)

For a translation of this leaflet or an easy read version please contact [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk) or call 0203 350 4652

Arabic

للحصول على ترجمة هذه النشرة أو على نسخة القراءة السهلة يرجى الاتصال بالعنوان الإلكتروني

0203 350 4652 أو برقم الهاتف [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk)

Bengali

এ নিবন্ধনের একটি অনুবাদ বা একটি সহজপাঠ্য সংস্করণ জন্য যোগাযোগ করুন এ ইমেইলে: [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk) বা ফোন করুন  
এ নাম্বারে: 0203 350 4652

Farsi

برای ترجمه این بروشور و یا دریافت متن خواناتر آن، با ایمیل [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk) یا شماره تلفن 0203 350 4652 تماس بگیرید

Gujarati

આ પત્રિકાના તરજૂમા અથવા તેના સરળતાથી વાંચવાના વૃત્તાંત માટે, કૃપા કરી [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk)  
ઉપર સંપર્ક કરો અથવા 0203 350 4652 ઉપર ફોન કરો.

Polish

Aby uzyskać tłumaczenie lub wersję uproszczoną ulotki wyślij e-mail pod adres [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk)  
lub zadzwoń pod numer 0203 350 4652

Portuguese

Para tradução desse folheto ou uma versão mais fácil de ler, por favor contate [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk)  
ou ligue para 0203 350 4652

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਪਰਚਾ ਪੰਜਾਬੀ ਵਿੱਚ ਜਾਂ ਅਸਾਨੀ ਨਾਲ ਪੜ੍ਹੇ ਜਾਣ ਵਾਲੇ ਰੂਪ ਵਿੱਚ ਚਾਹੀਦਾ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਪਤੇ  
ਤੇ ਈਮੇਲ ਕਰੋ [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk) ਜਾਂ ਇਸ ਨੰਬਰ 'ਤੇ ਫੋਨ ਕਰੋ 0203 350 4652

Romanian

Dacă doriți o copie a tradusă a acestui pliant sau o versiune mai ușor de citit, vă rugăm să scrieți la  
adresa de email [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk) sau să sunați la numărul de telefon 0203 350 4652.

Somali

Si aad u hesho warqaddan oo tarjuman ama nuskhad sahal loo akhriyi karo fadlan la soo xidhiidh  
[sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk) ama soo wac 0203 350 4652

Tamil

இந்தக் கையேட்டின் மொழிபெயர்ப்பையோ, இலகுவாக வாசிக்க உரிய வடிவமைப்பையோ, பெற  
விரும்பினால் தயவுசெய்து [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk) அல்லது 0203 350 4652 இலக்கத்திற்கு  
தொலைத்தொடர்பு செய்யுங்கள்!

British Sign Language

A BSL version of this leaflet is available online at:  
[www.nwlondonemergencycare.nhs.uk](http://www.nwlondonemergencycare.nhs.uk)

## Contact us

Email: [sahf@nw.london.nhs.uk](mailto:sahf@nw.london.nhs.uk),

Phone: 0800 881 5209,

Or write to: **Communications and Engagement**

**Shaping a Healthier Future, 15 Marylebone Road, London, NW1 5JD**

# 24/7 A&E departments and urgent care centres in North West London

**NORTHWICK PARK HOSPITAL**  
**A&E and URGENT CARE CENTRE - 24/7**  
 Watford Road, Harrow, Middlesex, HA1 3UJ

**HILLINGDON HOSPITAL**  
**A&E and URGENT CARE CENTRE - 24/7**  
 Field Heath Road, Uxbridge, Middlesex, UB8 3NN

**CENTRAL MIDDLESEX HOSPITAL**  
**URGENT CARE CENTRE - 24/7**  
 Acton Lane, London, Greater London, NW10 7NS

**EALING HOSPITAL**  
**A&E and URGENT CARE CENTRE - 24/7**  
 Uxbridge Road, Southall, Middlesex, UB1 3HW

**WEST MIDDLESEX HOSPITAL**  
**A&E and URGENT CARE CENTRE - 24/7**  
 Twickenham Road, Isleworth, Middlesex, TW7 6AF

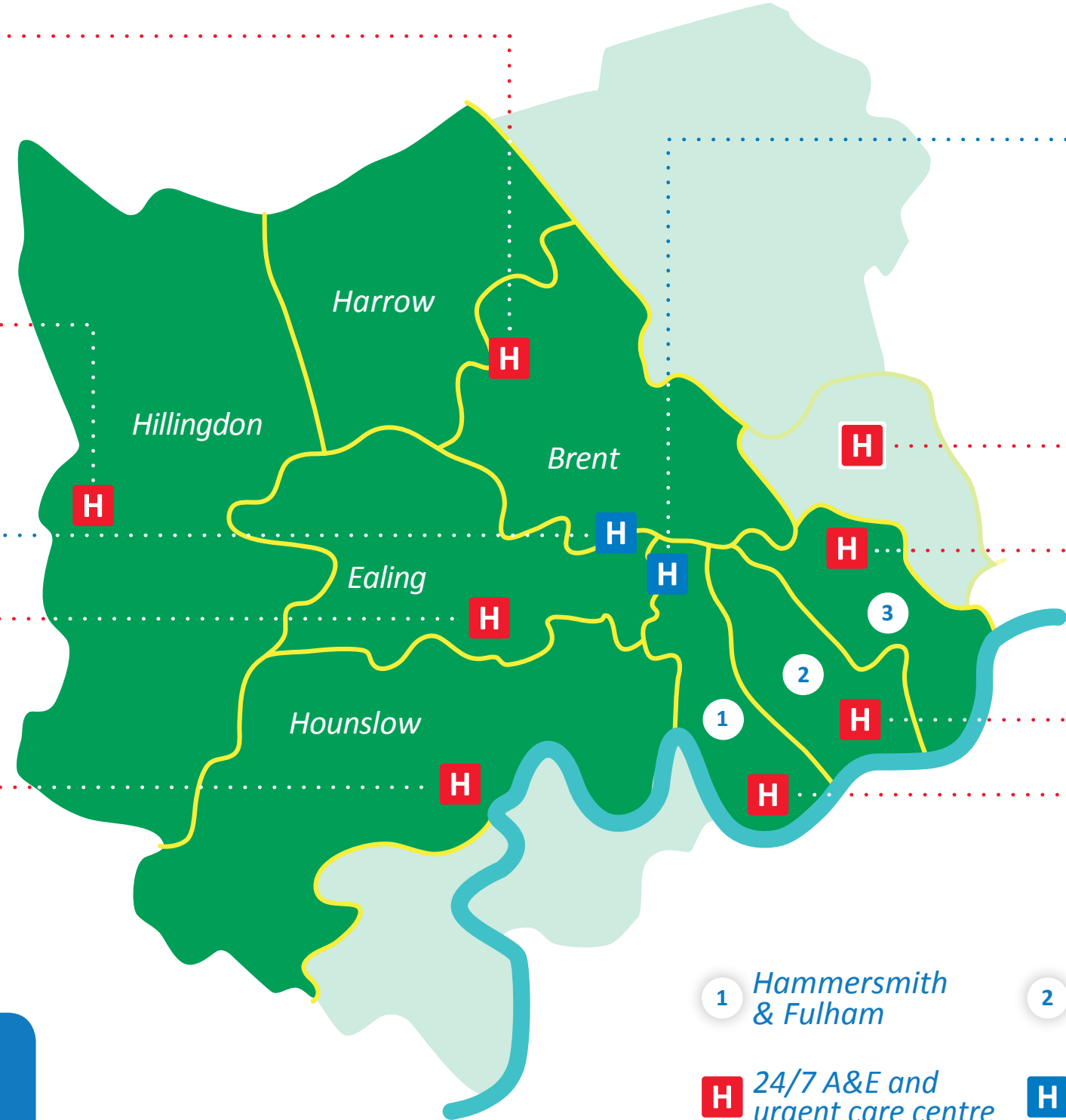
**HAMMERSMITH HOSPITAL**  
**URGENT CARE CENTRE - 24/7**  
 150 Du Cane Road, London, W12 0HS

**ROYAL FREE HOSPITAL**  
**A&E - 24/7**  
 Pond Street, London, NW3 2QG

**ST MARY'S HOSPITAL**  
**A&E and URGENT CARE CENTRE - 24/7**  
 Praed Street, Paddington, London, W2 1NY

**CHELSEA & WESTMINSTER HOSPITAL**  
**A&E and URGENT CARE CENTRE - 24/7**  
 369 Fulham Road, London, SW10 9NH

**CHARING CROSS HOSPITAL**  
**A&E and URGENT CARE CENTRE - 24/7**  
 Fulham Palace Road, London, W6 8RF



- 1 Hammersmith & Fulham
  - 2 Kensington & Chelsea
  - 3 City of Westminster
- H** 24/7 A&E and urgent care centre    **H** 24/7 urgent care centre

**In an emergency, call 999.**  
 Call **NHS 111** if you urgently need medical help or advice but it's not a life-threatening situation.

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## **Imperial College Healthcare NHS Trust update on clinical strategy to London Borough of Hammersmith & Fulham Health, Adult Social Care and Social Inclusion Policy and Accountability Committee**

### **1. Purpose of this paper**

- 1.1 The Committee has requested an update from Imperial College Healthcare NHS Trust ('the Trust') on its vision, objectives and clinical strategy further to its meeting held on 22 July 2014.

### **2. Vision, objectives and clinical strategy**

- 2.1 Over recent months the Trust has been considering plans for how to develop our healthcare services and our hospital sites over the next five years. These plans are set out in the document "Clinical Strategy 2014-2020: unlocking our potential to transform health and care".

- 2.2 As part of the work to develop our clinical strategy, we have sharpened and simplified the Trust's vision and strategic objectives. The intention was to develop more accessible and impactful versions to demonstrate more clearly the strategic context for the clinical strategy, the outline business case (OBC) and the related transformation programme. The refined vision and objectives also helped address one aspect of feedback from our foundation trust application consultation which indicated that many found some of our previously worded objectives difficult to understand.

- 2.3 Our Trust's vision and strategic objectives are set out below:

Vision:

- To be a world leader in transforming health through innovation in patient care, education and research.

Objectives:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

- 2.4 At its 30 July public meeting, the Trust's board of directors approved our clinical strategy which is the central element of our five-year clinical and site transformation programme. The strategy is designed to improve clinical outcomes and patient

experience, to help people stay as healthy as possible and to increase access to the most effective specialist care.

2.5 This clinical strategy reflects the well-evidenced principles of what good future NHS care will look like. This means more local and integrated services, to improve access and help keep people healthy, and more concentrated specialist services where necessary, to increase quality and safety. We've already seen many more lives saved by centralising major trauma, stroke and heart attack centres across the capital, including at our hospitals.

2.6 The strategy has informed the OBC for investment in the redevelopment of our hospitals' estate. The Trust board also agreed that the OBC should go forward to commissioners and the NHS Trust Development Authority (TDA) for approval to secure funding. This would enable some £660 million of investment in our sites and a three-year construction programme would begin in 2016/17.

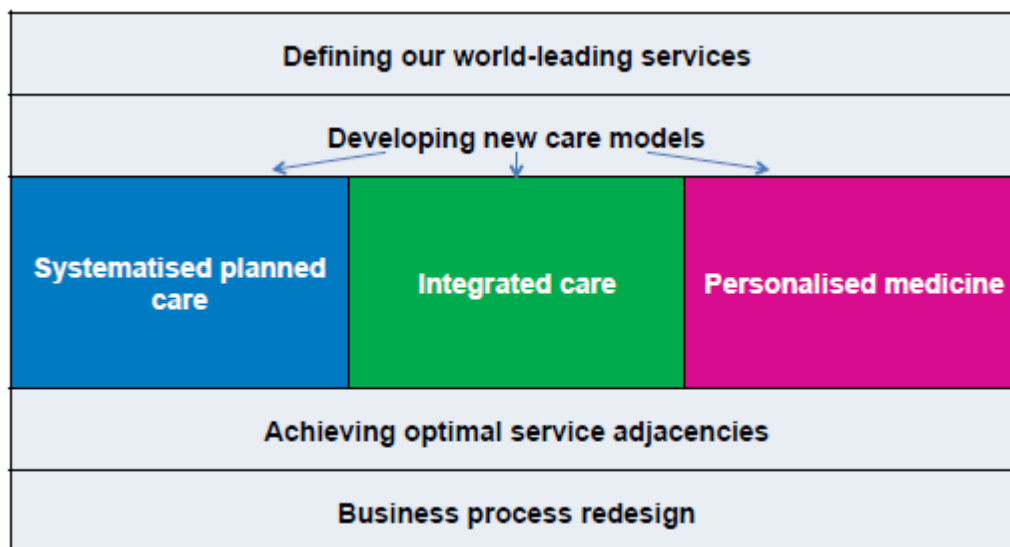
2.7 Set out below are some of the strategy highlights:

- Charing Cross Hospital: a pioneering local hospital
  - £150 million redevelopment
  - Wide range of specialist, planned care (day case surgery/treatment, one-stop diagnostics clinics, outpatients)
  - Integrated care/rehabilitation services, especially for elderly people and those with chronic conditions
  - Emergency centre
  - Co-located with existing partner services, including mental health and cancer support
- St Mary's Hospital: the major acute centre for the region
  - £500 million redevelopment
  - Consolidate Hyper Acute Stroke Unit, A&E, major trauma and intensive care with acute medical and surgical specialities
  - Co-locate services from Western Eye Hospital
- Hammersmith Hospital: a world-leading specialist centre
  - £10 million development
  - Main hub for range of specialties, including renal, haematology, cancer and cardiology, with strong research connections
  - Maintain heart attack specialist centre
  - Maintain co-located Queen Charlotte's and Chelsea Hospital

2.8 We have developed these plans because we have to change to meet the changing needs of our patients. People are living longer, and more and more people are living with long-term conditions like diabetes, heart disease, asthma and dementia. So we need to look forward to what people will need from us in the years to come.

2.9 We understand local people take a close interest in what happens to hospitals and other health services in their area and want to know what they should do in an emergency, or where they should go if they need regular, hospital care. None of our plans mean cutting back on NHS care – it's about providing care differently so that you get the right care in the right place at the right time.

- 2.10 The clinical strategy focuses on transforming services through the implementation of new models of care to ensure our services achieve the best outcomes, are joined up, tailored to individual needs and provide an excellent patient experience. It also reflects the wider service change programme for north west London, 'Shaping a healthier future'. This programme, led by local commissioners, was approved by the Secretary of State for Health in October 2013 following a full public consultation and a review by the Independent Reconfiguration Panel. Everything in our clinical strategy is in line with 'Shaping a healthier future'.
- 2.11 The 'Shaping a healthier future' programme's four main principles are:
- Localisation of routine medical services will mean patients have better access closer to home with improved patient experience
  - Centralisation of most specialist services will mean better clinical outcomes and safer services for patients
  - Where possible, care should be integrated between primary and secondary care, with involvement from social care to give patients a fully co-ordinated service
  - The system will look and feel personalised to patients – empowering and supporting people to live longer and live well.
- 2.12 We have established a framework setting out the core elements of the clinical transformation that we need to achieve in order to meet the very significant challenges facing health systems in general and the particular challenges facing us and north west London – these are set out in the diagram below:



- 2.13 Successful programmes have shown that high-quality interventions that support patients before they become acutely unwell can reduce non-elective admissions and slow progression of a disease. This can contribute to a reduction in overall care costs through the removal of acute beds when out-of-hospital solutions are in place.
- 2.14 When we make changes to bed numbers at our hospitals, we make these decisions based on what services the hospital provides as well as how many people need them. When people hear bed numbers are reducing, it does not necessarily mean

planning to treat fewer people – it means treating people in a different way or different place.

- 2.15 The proposed number of beds at our main hospital sites by 2020 (with the current numbers in brackets) is shown in the table below:

<b>Hospital</b>	<b>Total</b>	<b>Inpatient beds</b>	<b>Day-case beds</b>
Charing Cross	150*	24 (360)	86 (41)
Hammersmith	466	427 (406)	39 (39)
St Mary's	540	507 (401)	33 (40)
<b>Total</b>	<b>1,156*</b>	<b>958 (1,167)</b>	<b>158 (120)</b>

\* In the space requirements and costings for Charing Cross Hospital, we have also allowed for a further approximately 40 beds to support a new integrated care offering.

- 2.16 Strategies for each clinical service feed into and out of the overarching clinical strategy framework. Knowledge and views at a service level have been explored in detail to ensure we have the most accurate information and assumptions about future need, optimal clinical adjacencies, new models of care, opportunities for consolidation and collaboration, and potential in terms of education and research.
- 2.17 The majority of the service strategies have arrived at a firm clinical consensus about the best models of care and clinical adjacencies within the clinical strategy framework.
- 2.18 The details for two specialties are awaiting the outcome of external developments. In emergency services, we are awaiting further guidance from NHS England on a national strategy to help guide the development of emergency services appropriate for a local hospital, specifically for our new local hospital at Charing Cross. In orthopaedics, we are awaiting further developments on the proposal for an elective orthopaedic centre for the region at Central Middlesex Hospital.
- 2.19 Implementation of the Trust's clinical strategy will require a fundamental overhaul of our physical estate. Detailed work has been undertaken to develop the OBC to begin the process to secure the capital funds for redevelopment of our estate in the best way to deliver our clinical strategy through a three-site model. Our preferred option would see significant redevelopment and new build on the St Mary's and Charing Cross sites, with Western Eye Hospital relocating to the St Mary's site, and a smaller redevelopment on the Hammersmith site (where the Queen Charlotte's and Chelsea Hospital would remain co-located).
- 2.20 Under our plans, we would redevelop our sites: selling off some of our surplus land, but using this money to reinvest in the same sites – redesigning and rebuilding them so they cater better to healthcare needs. It means investing: £150 million in the redevelopment of Charing Cross Hospital; £500 million on redevelopment of St Mary's Hospital; and, £10 million on development at Hammersmith Hospital. Taking planned income from surplus land sales into account, we will need additional investment of over £400 million.

- 2.21 When the Trust board agreed the clinical strategy in July, it also approved its development in co-production with our healthcare teams, our commissioners and its implementation through the clinical transformation programme as part of the OBC.
- 2.22 Key milestones include the approval of the OBC at the end of 2014/15, approval of the final business case at the end of 2015/16, the start of the main construction at the beginning of 2016/17 and the end of all construction at the end of 2019/20.

### **3. Charing Cross Hospital**

- 3.1 The Committee asked for a specific update on the future of Charing Cross Hospital. The relevant section from the clinical strategy summarising the vision for Charing Cross Hospital states the following:

*“Charing Cross Hospital: a pioneering local hospital*

*The redevelopment of Charing Cross Hospital is intended to lead the way for a new type of hospital, providing dedicated access to a wide range of specialist planned care on an outpatient or day-case basis. This will include an elective day-case surgery centre alongside specialist assessment and treatment and care co-ordination. It will facilitate the rapid development of outpatient – or ambulatory – and day-case services as part of a much more integrated healthcare approach across secondary, community and primary care. As such, the hospital site will also house primary care services, diagnostics and pharmacy, transitional care and rehabilitation, and education and wellbeing services. Urgent and emergency care services appropriate to a local hospital will also be provided at Charing Cross, as well as existing mental health and cancer support services.*

*The Trust’s three-site model will also support a new approach to out-of-hospital care for the area, as set out in Shaping a healthier future. In this new approach, services will be delivered in four key ways: at home, in a GP practice, across a network of GP practices, and in an ‘integrated care’ hub. The hubs are new settings, offering a range of on-site services provided by various types of clinicians and other health professionals, as well as a base from which those clinicians and health professionals can reach out further into the community. They are also likely to house some relocated general practices over time.*

*Charing Cross Hospital will provide many of the features of a ‘super’ integrated care hub, as well as planned specialist care and surgery. Local commissioners are also planning for there to be an integrated care hub co-located on the St Mary’s site.”*

- 3.2 If proposals for the Trust's preferred option are carried forward and we are able to fund the rebuilding of Charing Cross as a new £150 million local hospital fit for the future, we would be looking to sell 55 per cent of the surplus land from the site to help fund this important redevelopment.
- 3.3 We have no plans to close Charing Cross Hospital's A&E department. As mentioned above, we are awaiting the outcome of a national NHS review of A&E in England to help us determine what emergency service is most appropriate for a local hospital.



We will keep local people informed about and involved in any proposed changes and what they will mean for them.

- 3.4 We have also considered the needs of our partners on the Charing Cross Hospital site including: Maggie's Centre; the mental health service; Imperial College London; and, the residential landlord A2 and have assumed that their services will continue on the site, but we have not yet had detailed engagement with each of them.
- 3.5 We believe the co-location of primary and secondary care on the Charing Cross site will lead to improved co-ordination between the two groups of clinicians and create new models of care. This will help address the issues of co- and multi- morbidities that are increasing in prevalence as our population ages, and play a key role in supporting carers in Hammersmith and Fulham.

#### **4. Conclusion**

- 4.1 Implementation of this clinical strategy will enable us to transform the way we provide our care in order to meet the changing needs of our patients in north west London and beyond. It will mean more local and integrated services, to improve access and help keep people healthy, and more concentrated specialist services where necessary, to increase quality and safety. Crucially, it will reduce hospital admissions – so that patients are only admitted to hospital when they should be. Not because we have not done enough to help them manage their long term condition at home or because we are waiting for test results to come through. And it will mean better organised care, helping us improve patient experience as well as clinical outcomes.
- 4.2 By 2020, we plan to have invested just over an additional £400 million – on top of reinvesting the proceeds from surplus land sales - in purpose-built or improved facilities within a three-site model – Charing Cross, Hammersmith (including Queen Charlotte's and Chelsea) and St Mary's hospitals. We will also be providing our specialist services through integrated care hubs, in community clinics and through other innovative ways of bringing our services to our patients rather than to always expect our patients to come to us.
- 4.3 We recognise that to develop our strategy further and to implement it successfully, we need to do much more to explain our thinking and to listen and respond to the views and concerns of patients and local communities. And we have to make sure that we have community capacity in place before we change inpatient hospital services.
- 4.4 Working closely with our commissioners, and building on previous engagement and consultation, we will develop an engagement programme specifically around the implementation of our clinical strategy. We will look to build awareness and understanding of the key elements of the strategy and, most importantly, bring in the views and ideas of stakeholders to help shape our future plans. This will cover new models of care, improving patient pathways and systems, and our estates design and implementation.
- 4.5 The full clinical strategy can be read on the Trust website: [www.imperial.nhs.uk](http://www.imperial.nhs.uk)

	<p style="text-align: center;"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p style="text-align: center;"><b>Health, Adult Social Care and Social Inclusion Policy and Accountability Committee</b></p> <p style="text-align: center;">7th October 2014</p>
<p><b>2015 MEDIUM TERM FINANCIAL STRATEGY (MTFS) - UPDATE</b></p>	
<p><b>Report of the Cabinet Member for Community Care</b></p>	
<p><b>Report Status:</b> Open</p>	
<p><b>Classification:</b> For review and comment.</p>	
<p><b>Key Decision:</b> No</p>	
<p><b>Wards Affected:</b> All</p>	
<p><b>Accountable Executive Director:</b> Liz Bruce, Tri Borough Executive Director for Adult Social Care (ASC)</p>	
<p><b>Report Author:</b> Jane West, Executive Director of Finance &amp; Corporate Governance; Rachel Wigley - Tri-borough Director for ASC Finance</p>	<p><b>Contact Details:</b>            Tel: 020 8753 1900            E-mail: <a href="mailto:jane.west@lbhf.gov.uk">jane.west@lbhf.gov.uk</a>            E-mail: <a href="mailto:rachel.wigley@lbhf.gov.uk">rachel.wigley@lbhf.gov.uk</a></p>

## 1. EXECUTIVE SUMMARY

- 1.1. Due to significant and ongoing reductions in funding received by Hammersmith and Fulham Council from central government, in the next financial year there is a budget gap, before savings, of £24.9m. This gap rises to £67.1m by 2018/19. Cabinet will present their revenue budget and council tax proposals to Budget Council on 25 February 2015 for the next financial year. A report on the financial background to the budget was presented to the Finance and Delivery Policy and Accountability Committee (PAC) in July. An update on the overall position is now reported. The context for the departmental budgets that relate to this PAC are also put forward for comment.

## 2. RECOMMENDATIONS

- 2.1. That the PAC considers the update and makes recommendations to Cabinet as appropriate.

### 3. INTRODUCTION AND BACKGROUND

- 3.1. The current Medium Term Financial Strategy (MTFS) forecast<sup>1</sup> is set out in Table 1. The 2015/16 budget gap, before savings, is £24.9m, rising to £67.1m by 2018/19.

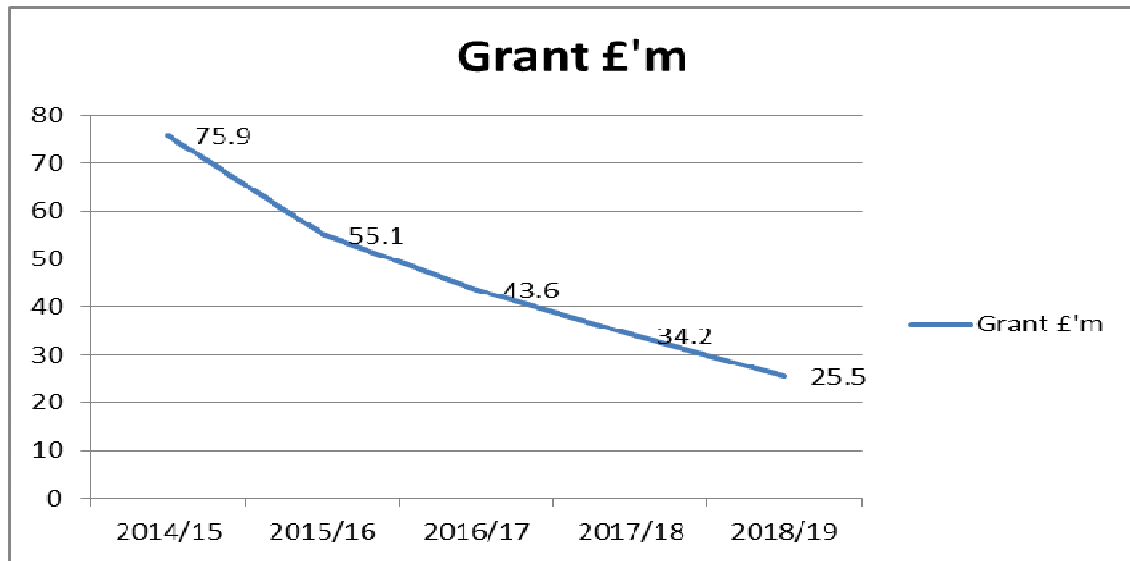
**Table 1 – Budget Gap Before Savings**

	£'m	£'m	£'m	£'m
	2015/16	2016/17	2017/18	2018/19
<b>Base Budget</b>	<b>181.5</b>	<b>181.6</b>	<b>181.7</b>	<b>181.7</b>
Add:				
- Inflation	2.8	5.6	8.4	11.2
- Contingency (Pay)	0.9	3.2	5.4	7.7
- Contingency (CCTV Parking)	1.0	1.0	1.0	1.0
- Headroom	0.2	1.4	2.6	3.8
- Growth	3.5	5.7	6.3	6.3
<b>Budgeted Expenditure</b>	<b>189.9</b>	<b>198.5</b>	<b>205.4</b>	<b>211.7</b>
Less:				
- Government Resources	(55.1)	(43.6)	(34.2)	(25.5)
- LBHF Resources	(109.9)	(112.4)	(115.7)	(119.1)
<b>Budgeted Resources</b>	<b>(165.0)</b>	<b>(156.0)</b>	<b>(149.9)</b>	<b>(144.6)</b>
<b>Budget Gap</b>	<b>24.9</b>	<b>42.5</b>	<b>55.5</b>	<b>67.1</b>

- 3.2. Money received by Hammersmith and Fulham Council from central government is reducing significantly every year. The latest forecast is shown in Graph 1. The cut in funding, from 2014/15 to 2018/19, is expected to be more than £50m.
- 3.3. Indicative 2015/16 grant allocations were announced in the most recent Local Government Finance Settlement and are incorporated in the forecast. Beyond 2015/16, the 2013 Autumn Statement set out projected government spending to 2018/19. These plans see a continued, and significant, fall in grant from Government.
- 3.4. The forecast set out in Table 1, projects that government funding will reduce in line with the Treasury spending plans beyond 2015/16. This forecast accords with broader financial modelling across London. There is a risk that the actual Government funding cut could be greater.

<sup>1</sup> A 4 year forecast is provided as this is the time frame within which the government resource spending envelope was identified as part of the 2013 Autumn Statement.

**Graph 1 – Government Resource Forecast Assumed in the MTFS**



- 3.5. Locally generated LBHF resources are council tax and the local share of business rates. Business rates are projected to increase in line with economic growth in future years.
- 3.6. Future resources are uncertain. Government funding reductions could be more or less than currently modelled. Likewise council tax and business rates income may vary. Sensitivity analysis has been undertaken to test the resource forecast against more optimistic or pessimistic assumptions. For example, should annual government funding reductions be 5% more than currently modelled, for 2016/17 to 2018/19, the budget gap would increase by £12m. Against this risk it is worth noting that the general fund reserve now stand at £20m. These and other general fund earmarked reserves have increased by nearly £30m over the past 2 years.

#### **4. Closing the Budget Gap**

- 4.1. Due to the funding pressures coming from central Government, as outlined above, the council faces a continuing financial challenge. The budget gap will increase in each of the next four years if no action is taken to reduce expenditure or generate more income.
- 4.2. In order to close the budget gap for 2015/16:
- Corporate budgets have been subject to initial review and savings of £3.6m have been identified for 2015/16.
  - Departments were set savings targets based on their controllable budgets.

The 2015/16 savings targets are summarised in Table 2.

**Table 2 – Current Savings Targets by Department**

<b>Department</b>	<b>Savings Target</b> £'000s
Adult Social Care	(6,568)
Children's Services	(4,596)
Environment, Leisure and Resident's Services	(1,970)
Libraries and Archives	(162)
Finance and Corporate Services	(3,124)
Housing and Regeneration	(982)
Transport and Technical Services	(3,887)
<b>Total Departmental Savings</b>	<b>(21,289)</b>
Corporate Savings	(3,589)
<b>Total All savings</b>	<b>(24,878)</b>

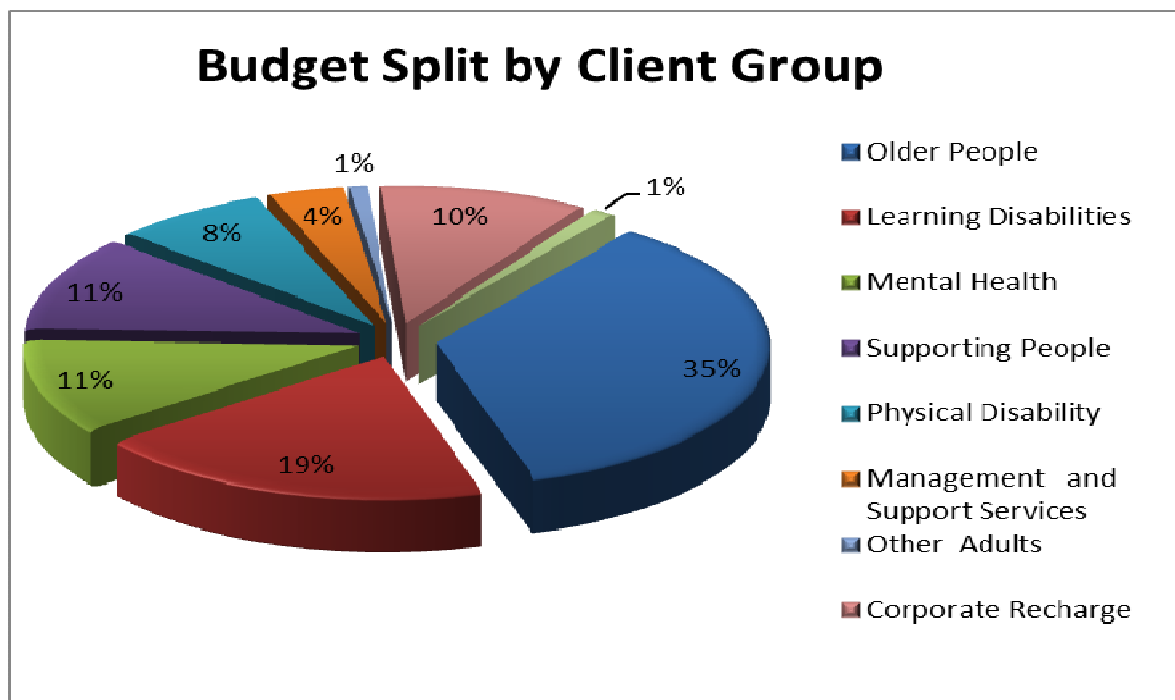
- 4.3. In order to address the council's projected budget gap for 2015/16, all departments have significant savings to find for 2015/16 (generally 9% of their controllable budget). The departments are currently developing their detailed savings proposals in consultation with Cabinet Members and are considering the level of risk associated with each proposal. It is anticipated that the proposals will be firmed up over the autumn, and areas with high risk are being prioritised for discussions in PAC meetings.
- 4.4. The extent of the financial savings required across the council due to central government cuts means that delivery of the MTFS will be challenging and will need to be closely monitored. It is inevitable that difficult choices will need to be made. The following section of the report outlines the context for these difficult deliberations in relation to the departments covered by this Policy and Accountability Committee.

## **5. Comments of the Executive Director for Adult Social Care on the Budget Proposals**

- 5.1 The Adult Social Care Department in LBHF has a gross expenditure budget for 2014/15 of £86.9m. The department is budgeted to collect income of £22.5m from health funding, contributions from customers and government grants to arrive at a net general fund budget of £64.4m. Within this amount, £7.2m of it is referred to as non-controllable budgets as they are controlled by Corporate services. These include capital charges and Service Level Agreements (SLAs). The total controllable budget held within the department is £57.1m.
- 5.2 The table below shows the gross and net expenditure budget across the department. This shows that the majority of the net controllable expenditure (£54m) is on providing Social Care services for various client groups. This accounts for 95% of the total net controllable budget within the department.

### **Table 3**

<b>ASC Client Budgets</b>	<b>Gross Budget (£'000)</b>	<b>Income (£'000)</b>	<b>2014/15 Net Controllable Budget (£'000)</b>
Older People	37,944	(15,204)	22,740
Learning Disability	18,156	(5,670)	12,486
Mental Health	7,588	(589)	6,999
Supporting People	7,400	(269)	7,131
Physical Disabilities	5,322	(453)	4,869
Management & Support Services	2,531	(159)	2,372
Other Adults	761	(192)	569
<b>Total Controllable Budget</b>	<b>79,702</b>	<b>(22,536)</b>	<b>57,166</b>
<b>Non Controllable</b>			
Corporate Recharge	6,527	0	6,527
Capital Recharge	710	0	710
<b>Total Non-Controllable</b>	<b>7,237</b>	<b>0</b>	<b>7,237</b>
<b>Total Departmental</b>	<b>86,939</b>	<b>(22,536)</b>	<b>64,403</b>



5.3 The client budgets provide services such as residential and nursing placements, of which the gross budget for 2014/15 is £35.8m with an average of 555 customers.


Homecare has a gross budget of £7m with 971 customers and Direct Payments has a gross budget of £5.8m with 378 customers. £12.3m is spent on other adult services which includes services such as extra care sheltered accommodation, day care, equipment and adaptations and third sector budgets.

£11.4m is spent on salaries and running costs.

- 5.4 The supporting people budget of £7.4m provides funding for 24 contracts of which 18 provide accommodation related services and the remaining 6 provide floating support services.
- 5.5 In setting a medium term financial plan, savings targets were allocated to departments in proportion to their Net Direct Expenditure. This means that ASC was set a savings target of £6.568m in 2015/16 rising to £14.7m in 2017/18. The £6.568m saving is an 11% reduction of the department's net controllable budget for 2014/15, rising to 25% by 2017/18. The department is currently expected to deliver 32% of the Council's overall savings target for 2017/18.
- 5.6 The department has been concentrating on developing areas of potential savings for the next three years up to 2017/18 and to deliver the £6.568m departmental savings target for 2015/16.
- 5.7 The scale of reduction now required is a reflection of the challenge facing the administration in setting a budget for 2015/16 and the difficulties involved in establishing expenditure priorities.
- 5.8 The savings proposals being worked up are aimed at protecting the core services provided to our customers. This is being achieved through better alignment of services, enhancing prevention strategies, closer working with Health and more efficient procurement.

**LOCAL GOVERNMENT ACT 2000**  
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

No.	Description of Background Papers	Name/Ext of holder of file/copy	Department/ Location
1.	None		

	<p align="center"><b>London Borough of Hammersmith &amp; Fulham</b></p> <p align="center"><b>HEALTH ADULT SOCIAL CARE AND SOCIAL INCLUSION POLICY AND ACCOUNTABILITY COMMITTEE</b></p> <p align="center"><b>7 OCTOBER 2014</b></p>
<p><b>WORK PROGRAMME AND FORWARD PLAN 2014-2015</b></p>	
<p><b>Report of the Director of Law</b></p>	
<p><b>Open Report</b></p>	
<p><b>Classification - For Review &amp; Comment</b></p> <p><b>Key Decision: No</b></p>	
<p><b>Wards Affected: All</b></p>	
<p><b>Accountable Executive Director:</b> Jane West, Executive Director of Finance and Corporate Governance</p>	
<p><b>Report Author:</b> Sue Perrin, Committee Co-ordinator</p>	<p><b>Contact Details:</b> Tel: 020 8753 2094 E-mail: <a href="mailto:sue.perrin@lbhf.gov.uk">sue.perrin@lbhf.gov.uk</a></p>

## 1. EXECUTIVE SUMMARY

- 1.1 The Committee is asked to give consideration to its work programme for the forthcoming year, as set out in Appendix 1.
- 1.2 Details of the Key Decisions which are due to be taken by the Cabinet at its next meeting are provided in Appendix 2 in order to enable the Committee to identify those items where it may wish to request reports.

## 2. RECOMMENDATIONS

- 2.1 The Committee is asked to consider its proposed work programme, subject to update at subsequent meetings of the Committee.



**LOCAL GOVERNMENT ACT 2000**  
**LIST OF BACKGROUND PAPERS USED IN PREPARING THIS REPORT**

<b>No.</b>	<b>Description of Background Papers</b>	<b>Name/Ext of holder of file/copy</b>	<b>Department/ Location</b>
1.	None		

**LIST OF APPENDICES:**

Appendix 1 – Work Programme

Appendix 2 – Key Decision List

## Health, Adult Social Care and Social Inclusion Policy and Accountability Committee

<b>Work Programme 2014/2015</b>
<b>22 July 2014</b>
Imperial: Cancer Services Update Shaping a Healthier Future: Update on programme and decisions to date. Healthwatch: Presentation on its Role and Work Care Act: Update
<b>7 October 2014</b>
Hammersmith & Fulham Foodbank  Imperial College Healthcare NHS Trust: (i) update following closure of Hammersmith Hospital Accident & Emergency Department (ii) update on outline business case for clinical services across the three main hospital sites  Medium Term Financial Strategy
<b>17 November 2014</b>
Adult Social Care Customer Feedback: Annual Report 2013/2014  Home Care: Engaging Service Users, Carers and Families Personalisation: Customer Journey Analysis, Single Operating Model and Prevention Strategy and Care Act implications.  Home Care Charging  Safeguarding Adults: Annual Report  Transition from children's to adult social care: Update to include level of support, assessments and issues (possibly set up a task and finish group)
<b>Possible additional meeting on 3 December</b>
CQC report: Imperial College Healthcare  Other items to be confirmed
<b>6 January 2015</b>
Imperial College Healthcare NHS Trust: Assurance Framework Update  Francis Report: Actions in response to the recommendations of the Francis Report  GP Networks and Enhanced Opening Hours

H&F CCG: Annual Health Performance Report

Revenue Budget and Council Tax

**4 February 2015**

Care Act : Go Live implications

Individual Budget Changes/Self Directed Support: Update to include pre-payment cards and support provided to users, and feedback from service users

Review of Learning Disabilities Day Services: options proposals to include short breaks service at Rivercourt

Safeguarding Adults: Annual Report

Options to work with Third Sector Strategy/Provision of Meals

**13 April 2015**

Access to GPs

Equality and Diversity Programmes and Support for Vulnerable Groups

Public Health: Update

## **NOTICE OF CONSIDERATION OF A KEY DECISION**

In accordance with paragraph 9 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the Cabinet hereby gives notice of Key Decisions which it intends to consider at its next meeting and at future meetings. The list may change between the date of publication of this list and the date of future Cabinet meetings.

## **NOTICE OF THE INTENTION TO CONDUCT BUSINESS IN PRIVATE**

The Cabinet also hereby gives notice in accordance with paragraph 5 of the above Regulations that it intends to meet in private after its public meeting to consider Key Decisions which may contain confidential or exempt information. The private meeting of the Cabinet is open only to Members of the Cabinet, other Councillors and Council officers.

Reports relating to key decisions which the Cabinet will take at its private meeting are indicated in the list of Key Decisions below, with the reasons for the decision being made in private. Any person is able to make representations to the Cabinet if he/she believes the decision should instead be made in the public Cabinet meeting. If you want to make such representations, please e-mail Katia Richardson on [katia.richardson@lbhf.gov.uk](mailto:katia.richardson@lbhf.gov.uk). You will then be sent a response in reply to your representations. Both your representations and the Executive's response will be published on the Council's website at least 5 working days before the Cabinet meeting.

## **KEY DECISIONS PROPOSED TO BE MADE BY CABINET ON 1 SEPTEMBER 2014 AND AT FUTURE CABINET MEETINGS UNTIL JANUARY 2015**

The following is a list of Key Decisions which the Authority proposes to take at the above Cabinet meeting and future meetings. The list may change over the next few weeks. A further notice will be published no less than 5 working days before the date of the Cabinet meeting showing the final list of Key Decisions to be considered at that meeting.

**KEY DECISIONS** are those which are likely to result in one or more of the following:

- Any expenditure or savings which are significant (ie. in excess of £100,000) in relation to the Council's budget for the service function to which the decision relates;
- Anything affecting communities living or working in an area comprising two or more wards in the borough;
- Anything significantly affecting communities within one ward (where practicable);
- Anything affecting the budget and policy framework set by the Council.

The Key Decisions List will be updated and published on the Council's website on a monthly basis.

**NB: Key Decisions will generally be taken by the Executive at the Cabinet.**

*If you have any queries on this Key Decisions List, please contact*

*Katia Richardson on 020 8753 2368 or by e-mail to [katia.richardson@lbhf.gov.uk](mailto:katia.richardson@lbhf.gov.uk)*

## **Access to Cabinet reports and other relevant documents**

Reports and documents relevant to matters to be considered at the Cabinet's public meeting will be available on the Council's website ([www.lbhf.org.uk](http://www.lbhf.org.uk)) a minimum of 5 working days before the meeting. Further information, and other relevant documents as they become available, can be obtained from the contact officer shown in column 4 of the list below.

## **Decisions**

All decisions taken by Cabinet may be implemented 5 working days after the relevant Cabinet meeting, unless called in by Councillors.

## **Making your Views Heard**

You can comment on any of the items in this list by contacting the officer shown in column 4. You can also submit a deputation to the Cabinet. Full details of how to do this (and the date by which a deputation must be submitted) will be shown in the Cabinet agenda.

### **LONDON BOROUGH OF HAMMERSMITH & FULHAM: CABINET 2014/15**

<b>Leader:</b>	<b>Councillor Stephen Cowan</b>
<b>Deputy Leader:</b>	<b>Councillor Michael Cartwright</b>
<b>Cabinet Member for Children and Education:</b>	<b>Councillor Sue Macmillan</b>
<b>Cabinet Member for Economic Development and Regeneration:</b>	<b>Councillor Andrew Jones</b>
<b>Cabinet Member for Finance:</b>	<b>Councillor Max Schmid</b>
<b>Cabinet Member for Health and Adult Social Care:</b>	<b>Councillor Vivienne Lukey</b>
<b>Cabinet Member for Housing:</b>	<b>Councillor Lisa Homan</b>
<b>Cabinet Member for Social Inclusion:</b>	<b>Councillor Sue Fennimore</b>
<b>Cabinet Member for Environment, Transport &amp; Residents Services:</b>	<b>Councillor Wesley Harcourt</b>

*Key Decisions List No. 23 (published 1 August 2014)*

## KEY DECISIONS LIST - CABINET ON 1 SEPTEMBER 2014

**The list also includes decisions proposed to be made by future Cabinet meetings**

*Where column 3 shows a report as EXEMPT, the report for this proposed decision will be considered at the private Cabinet meeting. Anybody may make representations to the Cabinet to the effect that the report should be considered at the open Cabinet meeting (see above).*

\* All these decisions may be called in by Councillors; If a decision is called in, it will not be capable of implementation until a final decision is made.

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision  Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet <i>(other relevant documents may be submitted)</i>
<b>September</b>				
Cabinet	1 Sep 2014	<b>Planning Income Projects</b>  Seeking authority to implement paid for services provided by Development Management	Cabinet Member for Environment, Transport & Residents Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
		Contact officer: Peter Kemp Tel: 020 8753 6970 Peter.Kemp@lbhf.gov.uk		
Cabinet	1 Sep 2014	<b>Income Recovery Service Level Agreement</b>  The proposal is that the responsibility and direct management of the Income Recovery function is consolidated back within the HRD at the earliest convenience.  <b>PART OPEN</b>  <b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in	Cabinet Member for Housing	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects 2 or more wards		Ward(s): All Wards	
		Contact officer: Geoff Wharton Tel: 020 8753 1313 geoffrey.wharton@lbhf.gov.uk		

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision <b>Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.</b>	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet ( <i>other relevant documents may be submitted</i> )
		disclosing the information.		
Cabinet	1 Sep 2014	<b>Adult Learning &amp; Skills Service - Provision of specialist IT services</b>	Cabinet Member for Health and Adult Social Care	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Reason: Affects 2 or more wards	<p>This report seeks approval for expenditure related to the provision of specialist Management Information Services (MIS) for the Council's adult learning service (Adult Learning &amp; Skills Service; ALSS). The Tribal Group Ltd is a specialist education information software and services business supplier and has been satisfactorily delivering the MIS since 2007.</p> <p>The MIS enables ALSS to track individual learners' progress, accreditation and qualifications as well as submit funding claims to the Skills Funding Agency (SFA), a division of the Department for Business Innovation &amp; Skills. The SFA grant to the Council's adult learning &amp; skills service annually exceeds £2.8m. Accurate monitoring and accountancy is a compulsory requirement for performance management, continued funding and adherence to Ofsted standards.</p> <p>The Tribal Ltd MIS contract is currently valued at £75,924 pa.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	Ward(s): All Wards		
Contact officer: Kim Dero Tel: 020 8753 6320 kim.dero@lbhf.gov.uk				

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision  Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet (other relevant documents may be submitted)
Cabinet	1 Sep 2014	<b>Tri-borough Corporate Services Review Report</b>  This report describes the recommendation and business case to establish a Tri-borough Corporate Service including an Executive Director re-organisation, Tri-borough ICT, Tri-borough Procurement, Tri-borough Legal, Tri-borough Revenues & Benefits and Bi-borough Customer Services function.	Cabinet Member for Finance	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
Cabinet	1 Sep 2014	<b>Corporate Revenue Monitor 2014/15 month 2</b>  Forecast Revenue Outturn position at end of month two. Requests for budget virements.	Cabinet Member for Finance	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
Cabinet	1 Sep 2014	<b>2013-14 Revenue Outturn Report</b>  This report presents the revenue monitor as at 2013-14 financial year end.	Leader of the Council	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects 2 or more wards		Ward(s): All Wards	
Cabinet	1 Sep 2014	<b>Options Appraisal in Respect of an Alternative Provision Bi-Borough Pupil Referral Unit (PRU)</b>  To outline the need for a Bi-borough PRU (LBHF/RBKC) and discusses the property issues associated with that proposal.	Cabinet Member for Children and Education	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background
	Reason: Expenditure more than £100,000		Ward(s): All Wards	



Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision  Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet ( <i>other relevant documents may be submitted</i> )
				papers to be considered.
Cabinet	1 Sep 2014	<b>Proposed revocation of decision to enlarge New King's School and discontinue Sullivan School</b>  To consider the outcome of consultation which closed on 12 August 2014	Cabinet Member for Children and Education	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects 2 or more wards		Ward(s): Parsons Green and Walham; Sands End; Town	
Contact officer: Ian Heggs Tel: 020 7745 6458 ian.heggs@lbhf.gov.uk				
Cabinet	1 Sep 2014	<b>3rd Sector Investment Fund allocation report</b>  This report seeks agreement for the allocation of the council's main grants programme, the 3rd Sector Investment Fund.	Cabinet Member for Social Inclusion	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	
Contact officer: Sue Spiller Tel: 020 8753 2483 sue.spiller@lbhf.gov.uk				
Cabinet	1 Sep 2014	<b>Initial Special Educational Needs eligibility criteria and the links to education, health and social care assessment</b>  To agree the Special Educational Needs eligibility criteria, which have been amended in light of changes to national legislation.	Cabinet Member for Children and Education	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Affects 2 or more wards		Ward(s): All Wards	
Contact officer: Ian Heggs Tel: 020 7745 6458 ian.heggs@lbhf.gov.uk				
Cabinet	1 Sep 2014	<b>Old Oak MDC Consultation Response</b>  LBHF's formal consultation response to the Mayor of London's proposals to establish a Mayoral Development Corporation covering	Cabinet Member for Economic Development and Regeneration	A detailed report for this item will be available at least five working days before the date of the meeting and will include details
	Reason: Affects 2 or more wards		Ward(s): College Park and Old Oak	

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision <b>Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.</b>	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet ( <i>other relevant documents may be submitted</i> )
		Old Oak Common and Park Royal.	Contact officer: Thomas Cardis  Thomas.Cardis@lbhf.gov.uk	of any supporting documentation and / or background papers to be considered.
<b>October</b>				
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<b>Youth Services 2015-2018 - contract extension and Commissioning Strategy</b>  A report seeking approval to extend existing youth service contracts until 30 September 2015 and the Commissioning strategy for Youth Services 2015-2018.  <b>PART OPEN</b>  <b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Cabinet Member for Children and Education  Ward(s): All Wards  Contact officer: Victoria Wilkinson Tel: 020 7641 4099 victoria.wilkinson@westminster.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<b>Proposed Outsourcing of Commercial Property Management Function</b>  Lot 1 of New Property Contract.  <b>PART OPEN</b>  <b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances	Cabinet Member for Finance  Ward(s): All Wards  Contact officer: Marcus Perry Tel: 020 8753 6697 Marcus.Perry@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision <b>Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.</b>	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet ( <i>other relevant documents may be submitted</i> )
		of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.		
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<p><b>Property Asset Data Management - Proposed Call-Off</b></p> <p>Seeking approval to a proposed call-off contract.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	<p>Cabinet Member for Finance</p> <hr/> <p>Ward(s): All Wards</p> <hr/> <p>Contact officer: Maureen McDonald-Khan Tel: 020 8753 4701 maureen.mcdonald-khan@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<p><b>Speech and Language Therapy Services - Extension of Service Level Agreements (2014-2016)</b></p> <p>Requests agreement to extensions to the Service Level Agreement's (SLA's) for speech and language therapy services for 2014 - 2016. The extensions are required to enable a procurement exercise to be completed.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in</p>	<p>Cabinet Member for Children and Education</p> <hr/> <p>Ward(s): All Wards</p> <hr/> <p>Contact officer: Mike Potter, Margaret Murphy Tel: 020 8753 2045 mpotter@westminster.gov.uk, Margaret.Murphy@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision <b>Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.</b>	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet ( <i>other relevant documents may be submitted</i> )
		maintaining the exemption outweighs the public interest in disclosing the information.		
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<p><b>50 Commonwealth Avenue</b></p> <p>Approval to sell 50 Commonwealth Avenue as it is surplus to requirements and is not suitable for letting as substantial repairs are required.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	<p>Cabinet Member for Finance</p> <hr/> <p>Ward(s): Wormholt and White City</p> <hr/> <p>Contact officer: Marcus Perry Tel: 020 8753 6697 Marcus.Perry@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<p><b>Transfer of 5 properties from Environment, Leisure and Residents' Services (ELRS) to Housing (HRA)</b></p> <p>Approval is sought to transfer the properties from ELRS to Housing, and thus requiring appropriation from General Fund (GF) to the Housing Revenue Account (HRA).</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption</p>	<p>Cabinet Member for Housing</p> <hr/> <p>Ward(s): Palace Riverside; Ravenscourt Park; Sands End</p> <hr/> <p>Contact officer: Manjit Gahir, Danny Rochford Tel: 020 8753 4886, Manjit.Gahir@lbhf.gov.uk, Danny.Rochford@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

Decision to be Made by (Cabinet or Council)	Date of Decision-Making Meeting and Reason	Proposed Key Decision  Most decisions are made in public unless indicated below, with the reasons for the decision being made in private.	Lead Executive Councillor(s), Wards Affected, and officer to contact for further information or relevant documents	Documents to be submitted to Cabinet (other relevant documents may be submitted)
		outweighs the public interest in disclosing the information.		
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<p><b>Extension and re-tender recommendations for Insurance contracts 2015</b></p> <p>This report seeks approval to extend five of seven contract lots for insurance for two years in accordance with the contractual terms at last procurement in 2012. These allow the Council, at its sole discretion, to extend the contract terms by a period of up to two years until 31st March 2017.</p> <p>This report seeks approval to re-procure two of seven contract lots for insurance to improve service delivery and assurance.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	<p>Cabinet Member for Finance</p> <p>Ward(s): All Wards</p> <p>Contact officer: Andrew Lord Tel: 020 8753 2531 andrew.lord@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Affects 2 or more wards	<p><b>Draft Hammersmith and Fulham Local Plan – Approval of consultation document</b></p> <p>The Core Strategy and Development Management Local Plan are being revised in order to include new policies for the part of the Old Oak area that is within H&amp;F. The opportunity is being taken to combine the 2 separate documents into one document but many existing policies remain largely unchanged.</p>	<p>Cabinet Member for Environment, Transport &amp; Residents Services</p> <p>Ward(s): All Wards</p> <p>Contact officer: Pat Cox Tel: 020 8753 5773 pat.cox@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<b>CPZ J Match Day Parking Consultation Report</b>  A consultation of residents and businesses in CPZ J asking whether they want match day parking controls introduced in response to the parking pressures that events at Loftus Road stadium caused on the surrounding streets.	Cabinet Member for Environment, Transport & Residents Services  Ward(s): Shepherds Bush Green  Contact officer: Naveed Ahmed Tel: 020 8753 1418 Naveed.Ahmed@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<b>Contract for the supply of temporary agency workers</b>  H&F's contract with Pertemps for the supply of temporary agency workers will expire on 1st October 2015 without the possibility of an extension. Given the importance of maintaining flexibility in resourcing, the overall contract value and the time scale for a tendering process, we are seeking decisions on the objectives, options and timescale for procuring a new contract.  <b>PART OPEN</b>  <b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.	Leader of the Council  Ward(s): All Wards  Contact officer: Debbie Morris, George Lepine Tel: 0208 753 4975 debbie.morris@lbhf.gov.uk george.lepine@HFHomes.org.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Expenditure more than	<b>Health Trainer Service Contract Award Decision</b>  th health trainer service has been retendered on a triborough basis to achieve efficiencies and a	Cabinet Member for Health and Adult Social Care  Ward(s): All Wards	A detailed report for this item will be available at least five working days before the date of the meeting and

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	£100,000	<p>standard quality of service. A decision is required about contract award by each Council.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	Contact officer: Christine Mead Tel: 020 7641 4662 cmead@westminster.gov.uk	will include details of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<p><b>TfL funded annual integrated transport investment programme 2015/16</b></p> <p>This report refines and details the integrated transport programme which forms part of the councils approved transport plan (LIP2). This report is seeking approval for the design, consultation and implementation of various elements of the programme and delegation of approval for construction of the capital programme to the Cabinet Member for Environment, Transport and Residents Services.</p>	Cabinet Member for Environment, Transport & Residents Services  Ward(s): All Wards  Contact officer: Nick Boyle Tel: 020 8753 3069 nick.boyle@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<p><b>Permission to tender for bi-borough printing, scanning and payment processing contracts for Parking Services</b></p> <p>A bi-borough Parking Service was established in April 2014. Linked to the procurement of a shared Parking IT system scheduled for implementation in mid 2015, the boroughs will need to separately retender for services covering the printing of statutory documentation and the scanning and processing of incoming post and payments.</p>	Cabinet Member for Environment, Transport & Residents Services  Ward(s): All Wards  Contact officer: Matt Caswell Tel: 020 8753 2708 Matt.Caswell@lbhf.gov.uk	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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		<p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>		
Cabinet	<p>6 Oct 2014</p> <p>Reason: Expenditure more than £100,000</p>	<p><b>Appointment of contractor to deliver CCTV maintenance and new installations for London Borough of Hammersmith &amp; Fulham and Royal Borough of Kensington &amp; Chelsea</b></p> <p>Appointment of contractor to deliver CCTV maintenance and new installations for London Borough of Hammersmith &amp; Fulham and Royal Borough of Kensington &amp; Chelsea.</p>	<p>Cabinet Member for Environment, Transport &amp; Residents Services</p> <p>Ward(s): All Wards</p> <p>Contact officer: Pat Cosgrave Tel: 020 8753 2810 Pat.Cosgrave@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	<p>6 Oct 2014</p> <p>Reason: Expenditure more than £100,000</p>	<p><b>Use of public health underspend in LBHF</b></p> <p>This paper makes recommendations on the use of £1.9m funding from the public health ringfence across Council Departments.</p>	<p>Cabinet Member for Health and Adult Social Care</p> <p>Ward(s): All Wards</p> <p>Contact officer: Stuart Lines Tel: 020 7641 4690 slines@westminster.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
Cabinet	<p>6 Oct 2014</p> <p>Reason: Affects 2 or more wards</p>	<p><b>Bradmore Conservation Area - extension</b></p> <p>Proposed extensions to the Bradmore Conservation Area.</p>	<p>Cabinet Member for Environment, Transport &amp; Residents Services</p> <p>Ward(s): Hammersmith Broadway</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details



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			Contact officer: Paul Goodacre Tel: 020 8753 3314 paul.goodacre@lbhf.gov.uk	of any supporting documentation and / or background papers to be considered.
Cabinet	6 Oct 2014  Reason: Expenditure more than £100,000	<p><b>Capital Monitoring Report 2014/15 - Quarter 1</b></p> <p>To provide an update on the Capital Programme as at the end of Q1 2014/15 and to seek approval for proposed slippages and adjustments.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	<p>Cabinet Member for Finance</p> <p>Ward(s): All Wards</p> <p>Contact officer: Jane West Tel: 0208 753 1900 jane.west@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
<b>November</b>				
Cabinet	3 Nov 2014  Reason: Expenditure more than £100,000	<p><b>Change ICT service desk supplier and provision</b></p> <p>At the end of the HFBP service contract the Council will need to transition all ICT services to other suppliers. By changing the service desk earlier than contract expiry, H&amp;F will be able to reduce the effort, costs and risk and align to the one team Tri-borough. This paper recommends an early transition from the current service desk provider to the new service desk provider by calling off the Tri-borough framework contract which has the benefit of providing a consistent user experience for</p>	<p>Cabinet Member for Finance</p> <p>Ward(s): All Wards</p> <p>Contact officer: Jackie Hudson Tel: 020 8753 2946 Jackie.Hudson@lbhf.gov.uk</p>	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.

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		<p>staff.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>		

**December**

Cabinet	1 Dec 2014	<p><b>Contract Award for a Bi-Borough Parking Management Information System</b></p> <p>Award of a Bi-borough contract for a Parking Management Information System for processing of Penalty Charge Notices, Permits and Suspensions.</p> <p>Note the approval on 7th April to go out to tender included delegation of the Contract award to the lead Cabinet Member in each borough.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	Cabinet Member for Environment, Transport & Residents Services	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	

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<b>January</b>				
Cabinet	5 Jan 2015	<p><b>ASC Information and Signposting Website - People First</b></p> <p>Discussions and decision around rolling out the People First ASC information and signposting website to LBHF. Currently operational in RBKC and WCC.</p> <p><b>PART OPEN</b></p> <p><b>PART PRIVATE</b> Part of this report is exempt from disclosure on the grounds that it contains information relating to the financial or business affairs of a particular person (including the authority holding that information) under paragraph 3 of Schedule 12A of the Local Government Act 1972, and in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.</p>	Cabinet Member for Health and Adult Social Care	A detailed report for this item will be available at least five working days before the date of the meeting and will include details of any supporting documentation and / or background papers to be considered.
	Reason: Expenditure more than £100,000		Ward(s): All Wards	