

Women's and Children's Division

LNWH Paediatric Implementation Plan.

1. Purpose

On the 18th May 2016 the Ealing CCG Board formally agreed to implement changes to paediatric services on the Ealing Hospital site from 30th June 2016 in accordance with previous SaHF plans.

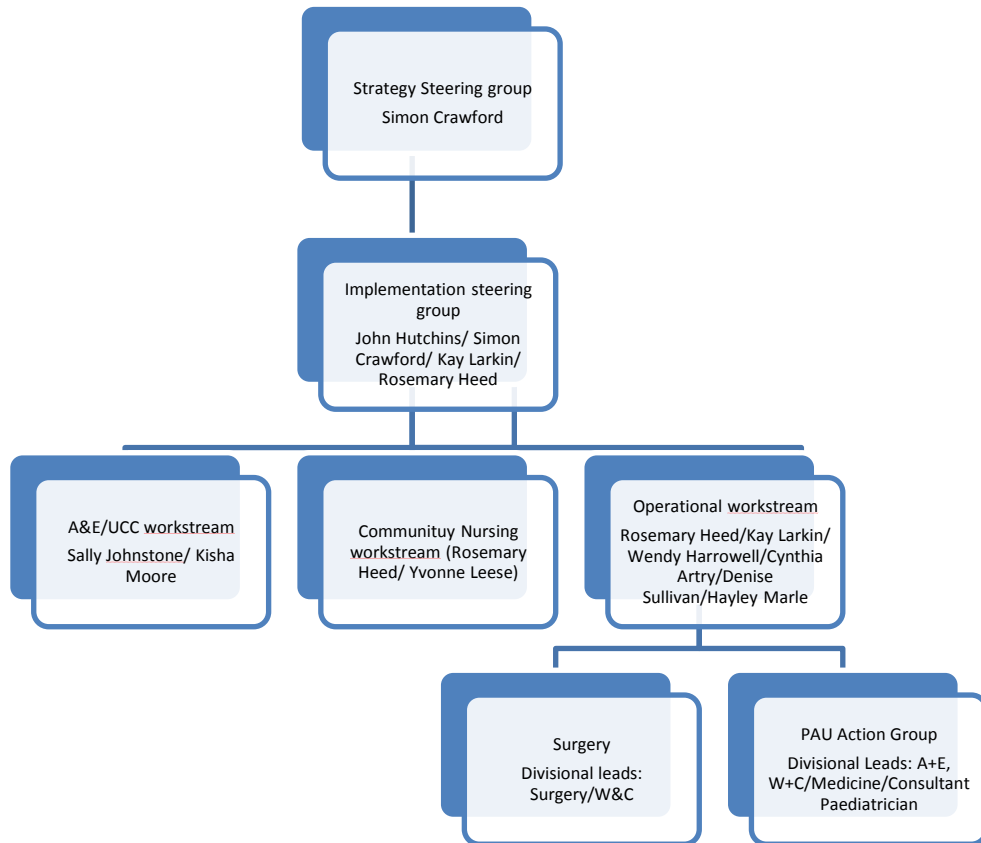
The purpose of this paper is to outline the progress with the implementation of the closure of the paediatric inpatient unit and Paediatric Emergency Department (ED) at Ealing Hospital (EH) on the 30th June 2016. The paper has developed and been used as a working document to engage discussion and clinical input across the organisation in order that a safe closure may be achieved and a detailed operational plan developed for the management of the site and services post closure. This has included plans to move the Ealing community nursing onto the Ealing Hospital site and the readiness of the NPH site to be able to accommodate predicted changes in patient pathway activity.

2. Drivers for change

Under SaHF drivers for change included:

- For high quality care, units need to be staffed fully on a more reliable basis. This could be achieved by concentrating in-patient children's care and neonatal care into a smaller number of units across the Northwest Sector.
- There are too few paediatric doctors to staff rotas in a safe and sustainable way. There are fewer paediatric trainees who have an increased commitment to training and education. As a result, there is a reduced reliance on the paediatric trainees to provide service commitment.
- Staffing levels are variable out-of-hours
- A great deal of children's care doesn't require an overnight stay – sometimes referred to as 'ambulatory care', which can be better provided either at home or in a clinic setting within a hospital

3. Project Governance



The SaHF Paediatric Steering Group meets regularly to review the implementation plan.

4. Closure of Inpatient ward at EH

A planned closure of Charlie Chaplin Ward at Ealing hospital will take place on 30th June 2016. This was confirmed at the Ealing CCG Governing Body meeting on May 18th 2016.

After 8am on 30th June 2016 there will be no new admissions on to the ward.

Due to the average length of stay on the ward being 1.8 days, the ward will be staffed for 3 days post closure to new admissions, the unit will be staffed until midnight on the 3rd July 2016.

Any child who cannot be safely discharged ahead of this time will have a planned transfer to another appropriate unit. This will be undertaken in full discussion with the parents /carers and be consultant led supported by the nursing team.

It has been agreed that all staff leaving the trust will join their new employment on the 4th July 2016.

A full equipment and ward stock inventory will be undertaken ahead of the planned closure date, and recycled or redeployed between both Ealing and NPH as appropriate.

There will be no dedicated paediatric crash team on site at Ealing after 30/6/2016. The Trust will not be able to routinely offer intubation 24/7 but if a competent member of staff with the appropriate skills decides intubation is in the child's best interest the Trust will support the individual. The child will be provided with an immediate clinical transfer by the London Ambulance Service / CATS.

Additional APLS and EPLS training have been provided for ED staff.

A training log will be developed once all training has been completed.

5. New Ealing Model For Paediatrics

Ealing will maintain many of the current children's' services already provided at the hospital including:

- Paediatric Urgent Care at the Urgent care centre.
- All existing general and paediatric outpatient services including visiting clinics from tertiary units e.g. GOSH
- All existing community clinics
- Non-emergency low acuity day care services.
- Community based CAMHS

In addition, new services have been set up and piloted, these are:

- Consultant led paediatric rapid access clinic (RAC)
- Connecting care for children pilot and the proposed move of the community nursing team to the Ealing hospital site.
- The Care Information Exchange service
- Following the closure of the paediatric in-patient ward no elective paediatric day case surgery will be undertaken at Ealing Hospital

In summary the service in Ealing will be:

Services Before SaHF implementation of changes	Services after SaHF implementation of changes
<p>Paediatric Urgent Care – provided by the urgent care centre.</p> <p>All existing general and specialist outpatients clinics (i.e. clinics onsite plus community clinics for diabetes and asthma)</p> <p>Non-emergency, low severity day care services such as, mental health and physiotherapy.</p> <p>Day care and Elective paediatric surgery</p> <p>Children’s overnight ward 10-12 beds.</p> <p>Children’s specialist ED – Emergency ambulances take children to Ealing ED</p>	<p>Paediatric Urgent Care – provided by the urgent care centre. No Change</p> <p>All existing general and specialist outpatients clinics (i.e. clinics onsite plus community clinics for diabetes and asthma) No Change</p> <p>Non-emergency, low severity day care services such as mental health and physiotherapy. No Change</p> <p>No paediatric surgery at Ealing Hospital Change</p> <p>No children’s overnight ward 10-12 beds. Change</p> <p>Children’s specialist ED Emergency ambulances will not take children to Ealing ED. Change</p> <p>Consultant-led paediatric Rapid Access Clinic (RAC**): Seven-day service, providing GP’s and UCC with quick access to consultant led specialist advice and timed appointments for children to see a specialist within 48 hours if necessary. Change</p> <p>Connecting Care for Children pilot in Southall and Acton: Care closer to home, making it less likely for children to need hospital services. Change</p> <p>Children’s’ Community nursing team**: moving to Ealing hospital site to more effectively join up children’s care. Change</p> <p>CAMHS. No Change</p> <p>Care Information Exchange *</p>

** New services been established / relocated to Ealing hospital site

5.1 Service improvements and developments at Ealing hospital site

5.1.1 Rapid Access Clinic

The consultant-led Rapid Access Clinic (RAC) Pilot is intended to support primary care by providing immediate senior paediatric opinion. In addition to a telephone consultation GP's and Ealing UCC can access same-day or next day senior paediatric assessment. The RAC is co-located within the children's out patients Services, Level 10 Ealing Hospital.

The RAC opened as a pilot on 23/11/15 providing a service to Ealing GP'S from 11am – 3pm Monday to Friday.

On the 21st March 2016, the RAC extended its opening hours from 9am to 7pm, five days a week, Monday-Friday, to try and improve uptake. Further publicity regarding this change was sent to GP's.

Phase 2 corresponded with the new UCC provider at Ealing Hospital, Greenbrook Healthcare, becoming operational. On the 9th May 2016, once the transition between providers had been stabilised, referrals to the RAC were extended to include Ealing UCC referrals in addition to GP referrals Monday – Friday 9am – 7pm.

The RAC hours are intended to meet the demands of GP referrals and reflect the peak referral times observed in A&E referrals to paediatrics.

The timing of the service opening at the weekends, Phase 3, is dependent on RAC Consultant recruitment and activity levels and is under discussion. It is anticipated this will be operational from the 30th June 2016 at the point of transition.

The biggest current risk factor to the success of the RAC is the recruitment of Consultant paediatricians. Evaluation of the service is ongoing. Currently the uptake of the service has been lower than expected; additional communication is being shared with GP's.

5.2 Relocation of community nursing to Ealing Hospital site

The transfer of this team from Carmelita House into Ealing Hospital involves the physical relocation of 25 nurses and support staff to be based to work closely alongside the paediatric nursing team on Level 10. Line management of these staff will change from the current community team to the Women and Children's Division.

Clinical benefits of an integrated nursing team include whole caseloads under one accountability structure, continuing care planning and providing an interface with an acute unit at Northwick Park Hospital.

The timeframe for the physical transfer of community nurses from Carmelita House is planned to be completed by the end of July 2016.

Community nursing issue remains an on-going risk but there has been an active recruitment plan which has been successful. Community nursing remains on the Community risk register.

A number of immediate actions have been identified to mitigate risks / issues, one of which is to move the base of community services to the acute paediatric unit at Ealing to provide support.

5.3 Paediatric Surgery and Day Care.

At Ealing hospital over 850 day care procedures were carried out on patients from 0-18 years of age. Of these 273 were performed under the care of surgical specialities.

There will be no paediatric emergency surgery at Ealing Hospital following the closure of the inpatient ward. Orthopaedics will continue to support UCC if required but any paediatric patient requiring surgery will be transferred out to one of the other units in North West London depending on the clinical need. It is anticipated that a number of children will be transferred to the specialist services for specialist opinion at Chelsea and Westminster as they currently are.

In order to mitigate risks, for LNWH Trust there will be no paediatric elective surgery at Ealing Hospital. This surgery will be carried out at CMH or NWP as detailed below.

Before SaHF change	Current activity	After 30/6/16	Capacity plan in place y/n?
General Surgery	5	NWP	y
Urology	29	CMH	y
T+O	50	Chelsea & Westminster/NWP	Electives already go to C & W. Elective trauma done as day case and will be accommodated at NWP or CMH
Ent	2	CMH	y
dermatology	7	NWP	Y
Oral Surgery	35	CMH	Y

5.4 Outpatient services.

The current model for outpatient services at Ealing hospital and the community sites remains unchanged. The medium – long term future planning (Not SaHF dependant) will involve maximisation of opportunity in the outpatient facility to extend to sub-specialities so that all children receive care in a friendly environment.

Teams within these areas require clear pathways for support in the event of patients becoming unwell during their appointments. Plans have been drawn up for patients who require admission from clinics in respect of level of responsibility for the patient, the provision of a safe waiting environment and transportation to the Northwick Park site.

5.5 Urgent Care Centre.

Ealing CCG has awarded LNWHT as part of a consortium with Greenbrook Healthcare and London Central and West Unscheduled Care (LCW,) the contract to run Ealing Hospital Urgent Care Centre (UCC). This builds on an existing partnership with Greenbrook Healthcare through which we already run the high performing UCCs at Northwick Park and Hillingdon hospitals. The delivery of the new service will be led by Greenbrook, with the Trust acting as a sub-contractor and providing all the nursing elements of the service and LCW providing linkages through to out of hour's services.

The current provider (Greenbrook) is being supported with additional GP capacity for paediatric care and this additional paediatric support was included in the specification of the service that was commissioned. The new service took effect on the 26th April 2016. By procuring a new service the CCG is ensuring that the new service will be fully embedded ahead of planned changes to in-patient paediatric care at Ealing Hospital (as part of Shaping a Healthier Future) in June 2016. The paediatric clinical leads and team have been working in close partnership with Greenbrook on future planning for safe SaHF Implementation.

Important changes to paediatric services in Ealing with the moving of in-patient paediatrics from Ealing Hospital (as part of Shaping a Healthier Future) in June 2016, mean that Ealing CCG must be assured that all other support for young children remains robust during this transition period. The Ealing UCC Provider will be working closely with Ealing Hospital and other providers in NW London and the CCG to ensure pathways are clear and that support for young children remains robust during this transition period.

A LNWH Leads group has been established to support Greenbrook Healthcare with the Ealing UCC mobilisation.

The scope of the Ealing UCC will include both minor illnesses and injuries. There will be no age limit for UCC patients.

As part of pre-transition work the clinical teams in A&E and the clinical team in the UCC have developed a RAG system, trigger tool, to manage children who cannot have their definitive treatment on the Ealing site, this will be based both upon the clinical need of the child and the risk of the child deteriorating.

The system will look at standard observations and clinical history to determine action required and agreed pathways have been produced-

Red – child requires immediate transfer to A&E resuscitation

Amber –child requires monitoring and potentially some intervention in UCC whilst awaiting transfer

Green -child stable to remain in UCC for transfer.

This triage will need to be used dynamically as children will quickly move from one status to another and the teams will respond to these changes. There is an agreement between the clinical leads of ED and UCC that there will be complete co-operation between both units and their clinical staff to allow the seamless transfer of children between departments, should their condition require it. A child moved in to resuscitation will be transferred from A&E and not move back to the UCC even if they become stable.

5.6 Critically unwell children.

A critically unwell child arriving at the Ealing site or deteriorating whilst on site and requiring cardiopulmonary resuscitation, (CPR), would be taken immediately to A&E resuscitation and a cardiac arrest call would be made as is current standard practice. This remains available 24/7. LAS / CATS would be contacted for an immediate transfer.

The child would have CPR and if there is a competent member of staff on site who makes a clinical decision that intubation of the child is the correct clinical intervention, this will happen.

In the event the child is intubated a member of medical staff will escort the child with CATS to the appropriate site.

For those children who arrive at the Ealing site who have already reached the end of their life or for whom this is imminent, care and certification of death will happen on the Ealing site to avoid the additional stress to the family of moving the child to another site.

5.7 Trauma.

LAS will not bring children to the Ealing site, but in the event a child arrives who has had a traumatic injury the child will be triaged against both the Ealing hospital trauma call guidelines and the Canadian c-spine tool. Either of these may trigger the local trauma call to be raised and the child to move in to resuscitation for care and potential immobilisation.

These children would be transferred by LAS under an immediate/critical transfer.

LAS will cease transfer of paediatric patients to Ealing ED at 07.00 on 29/6/16.

5.8 Sick children.

This is recognised as the most important group of children to manage post transition and the triage tool described above is key to safe care being delivered. Children with sepsis or multiple seizures, for example, would trigger red and be triaged directly to ED. Children triggering amber are likely to be for example: acute exacerbation of asthma or moderate dehydration secondary to gastroenteritis, where resuscitation is not required but close monitoring is needed whilst awaiting transfer to an inpatient unit, this monitoring can be managed in the UCC.

Children showing green will be assessed in the UCC and referred to the appropriate acute paediatric team. They may be able to be transferred to a nearby PAU by the parents and need no additional care whilst waiting for hospital transport.

It is recognised that children in the amber or green category are unlikely to trigger the LAS immediate or critical transfer protocol and will require the local hospital transport provider to convey them to the hospital of the parent/guardians choice. The response time for this transport is one hour and is being reflected in the Trust's patient transport contract.

5.9 UCC monitoring facility.

Work to create a 3 bay observation / holding facility within the existing UCC to manage and maintain safe care for children in the amber category identified in the trigger tool will be completed by the 30th June 2016.

An additional 2 paediatric rooms within UCC will be provided as soon as possible after the transition and the options for this are currently being worked through.

The space will have the appropriate monitoring equipment and will be supported by additional nursing and GP resource (details to be confirmed). If, as anticipated, over time parents do not bring sicker children to the Ealing site the need for this additional resource can be reviewed. The UCC will provide the CCG with data on the numbers of children being nursed in the amber category during the transitional period.

5.10 Access to Paediatrician support

During the opening hours of the Ealing Paediatric RAC the UCC clinicians will have access to verbal advice from the RAC doctors. Outside of these hours the UCC clinicians will take verbal advice from the acute paediatricians at the site/PAU that that they are referring the child to.

It is recognised that Ealing ED will continue to manage 16 and 17yr old patients and will manage a small number of critically ill patients. To support this there will be a designated ED Consultant and Nursing Lead within LNWHT to train, monitor and support the provision of paediatric care.

5.11 Governance.

It is clear on the pathways developed between the providers where the governance for the care of the child is at any point in the pathway. When a child is physically in the UCC they remain the clinical responsibility of Greenbrook Healthcare, within ED they are the responsibility of LNWHT. Should a child have an unforeseen cardiac arrest within the UCC footprint the UCC team will initiate basic resuscitation and the LNWHT resuscitation team will be called. Once they arrive the child will be the responsibility of LNWHT.

The UCC integrated Clinical Governance meeting is held monthly with representation from UCC, ED and LAS, within this meeting all shared incidents will be discussed and policy/pathway reviews can be agreed. This will be extended post closure to include WCS reps.

There is a clear process to support the sick children who arrives at the Ealing hospital site. There are good working relationships between the providers caring for these children and a robust triage tool will support the local decision making.

A clinical dashboard will be established locally with agreed KPI'S and a performance matrix.

6 Critical Care

As is currently there is no Paediatric Intensive Care Unit or Neonatal Intensive care unit on site, should a critically ill child arrive at the Ealing site they will be stabilised in the ED and transferred to a clinically appropriate site.

Transfer will be via LAS category A response, within 8 minutes, as agreed by the SaHF clinical cabinet/ CATS. Additional EPLS training is being undertaken by nursing team leads and APLS training is being offered to all regular locums, permanent and rotational registrars. A training log will be available once all training has been completed.

Assessment of the likely periods of time where there will not be a member of staff who is trained to intubate a paediatric patient will be assessed once all additional training has been undertaken

7 CAMHS

The reconfiguration of inpatient services does not directly change this service however pathways are being developed for those children and adolescents who present to the UCC. Previously these children would have been admitted to the ward at Ealing whilst awaiting assessment. This facility will no longer exist and it would not be ideal to transfer these patients further away from home unnecessarily. LNWH is engaged with CAMHS to confirm these pathways ahead of closure. CAMHS have shared their draft operational policy - The CAMHS out Of Hours (OOH) Liaison Nursing service, a new service which aims to fill a gap in service provision for young people up to the age of 18 who have not previously had access to their own specialist psychiatric liaison nursing service.

8 Out of Hours Cover

There will be no paediatricians available on the Ealing site after 7pm. Out of hours telephone support will be given by the on-call paediatric registrar and consultant for LNWH.

In addition, the CATS team are keen to engage with clinicians and share their knowledge and expertise and would be willing to be a source of telephone support to ED clinicians should there be a critically ill child at Ealing.

Clinical Scenarios will be worked through between relevant departments and stakeholders ahead of closure in order to minimise and mitigate risk. This exercise is planned to take place on September 2016.

9 Radiology and Pathology

It is not anticipated that there will be a significant change in work load at the Ealing site as a result of this change.

In addition, radiology operates cross site. Reporting work lists can be accessed from any site if specialist expertise were required.

10 Pharmacy

This change does represent a reduction of a ward and this will reduce the in-patient work for the pharmacy department by approximately 1,300 episodes per annum.

11 Therapy services

Ealing CCG is currently undertaking a review of children's services, the outcome of this review will be available later in 2016.

It is acknowledged that the closure will impact on therapy services. The therapy services for the ward are provided by the community therapist team who currently

spend a maximum of 2 hours / day 5 days / week on the wards and additionally as required. SLT and OT provide < 2 hours cover per day. This work is a small % of the overall work. Outpatient therapy service to continue as is.

Patients who may have transferred out for acute care would refer back to Ealing for their ongoing therapy care. There is an increase not only in number of referrals but in the complexity of referrals. There is a significant increase in respiratory work within the community however it is a single handed nursing resource dedicated to the service.

12 Pathways

As a result of the change new pathways have been developed. The aim of these is to ensure all scenarios are clear to staff should a child arrive at a place unexpectedly. The pathways will minimise moves for the child and the impact on the London Ambulance service, where possible utilising the Trust's inter-hospital transport or the parents own transport.

All pathways have been worked through with key stakeholders including the response times for transport post closure of the inpatient beds. All clinical pathways will be signed off by the Trust medical director, the Chief Nurse and the SaHF clinical board. All operational pathways will be signed off by the COO.

13 Paediatric Estates Usage and Facilities at Ealing Hospital

13.1 Estates

The current paediatric service at Ealing Hospital is based at Ward 10N: Charlie Chaplin, in patients and Rapid Access Clinic and ward 10S: Princess Amelia (Outpatient clinics and day-care).

Paediatric Outpatient clinics are run every day on 10S. All other clinics where children are seen (ENT, surgical and orthopaedic) are in main adult with the exception of a visiting Orthopaedic consultant clinic run on level 10 Monday afternoon. The current inpatient unit has 16 beds located on level 10 (4 of which are classified as PAU beds) and 4 beds are located in Paediatric observation bay co-located in paediatric A&E.

It is proposed that the community nursing team and all remaining paediatric outpatients move to level 10 to be co-located with the remaining paediatric team.

The costs for any changes to the ward areas are being assessed.

Options being considered:

- 1 – Do nothing, accept and mitigate the associated risks with staffing issues.
- 2 – To move all clinical activity currently provided on 10S over to 10N, freeing up that space for the Trust to identify within the Space Utilisation Group what realistically can be relocated into that are to reduce overhead costs and make paediatrics financially viable. A substantial amount of money was raised by the local community to assist in building 'Playground in the Sky' which supports distraction therapy for children receiving treatment.

Cost analysis is under way for the 2 options. The paediatric team is liaising with their estates colleagues to arrive at an agreed future plan, taking into account other known / anticipated moves and usage for the vacated ward area.

The paediatric estate currently includes:

- Level 10
- UCC/ED: The ED at Ealing Hospital comprises Paediatric ED and CDU. It is envisaged some of this space will be needed by UCC with the expanded role anticipated in paediatrics.

14. Paediatrics at Northwick Park – The Receiving Site

This section will only describe elements of service which are changing as a result of the closure of the in-patient unit at Ealing Hospital. These impacts upon 4 elements of service:

The UCC; ED; Paediatric Assessment unit and the in-patient ward.

- Total Paediatric activity at Ealing Hospital has fallen over the last five years by 74%, most significantly due to the impact of the opening of UCC at Ealing Hospital in 2011
- At a minimum 77% of current paediatric activity will remain at Ealing Hospital (UCC, day-care, OPD, RAC)
- In patient activity (8%) of the total is moving to other sites in NWL. Separate analysis indicated winter pressure seasonal peaks in higher acuity and activity for Ealing inpatient admissions and how this will need to be factored into NWP winter plan and or a sector wide winter bed modelling plan. Activity modelling is included in appendix 6.

15 The UCC at Northwick Park

Whilst in theory it is recognised that there should be no impact on the UCC at Northwick Park hospital our experience of changes to emergency care flows show us

that the population is not entirely predictable and therefore we have to expect an increase of paediatric attendances to the Northwick Park UCC as a result of the change. The scale of change will be monitored and kept under review.

16 ED at Northwick Park

From the SaHF wide modelling the ED at Northwick Park can anticipate an increase of paediatric attendances to the site of c1150 patients per annum, an average of 3.2 patients per day. The main flow change from Ealing hospital is ambulance conveyances and therefore we should expect this increase to be in conveyances to the site.

The LNWH capacity model to accommodate new activity includes:

- A 4 bed PAU, co-located within A&E at NPH (Reduces admissions and frees up inpatient beds)
- Additional 3 beds in Jack's Place (Physical space built-will become operational in July 2016 as staff transfer from Ealing)
- RAC at Ealing site may help to contain / minimise demand at NWP

17 Operational Model for Paediatric Assessment Unit (PAU)

The Paediatric assessment unit at Northwick Park Hospital is planned to open by 30th June 2016. The unit will consist of 4 beds within the paediatric observation unit in ED. Regular PAU meetings are being held to work through operational details.

Children will access this unit via referral from Ealing or NPH UCC or NPH ED.

18 In-patient Ward

The ward at Northwick Park, Jack's place has recently been refurbished to increase the bed base from 24 to 27. This gives the increase required by SaHF to make the transition of Ealing services but in addition provides a negative pressure room for patients requiring this facility. These additional beds will be open from July 2016 as required.

19 Transport

Trust transport has recently been awarded to a new contractor who will be operating transport services across all 3 hospital sites and the community from 1/2/16. The documentation is available on the Trust website. Booking is via an on-line referral but 'Private Ambulance Service' can be contacted by phone if escalation is required.

Transport KPI'S: 90% of patients requiring Trust transport between sites will be moved within 60 minutes of the request being documented and 100% within 90

minutes. In the event of a child needing urgent hospital transport rather than transfer by LAS the transfer will be prioritised by escalation with Private Ambulance Service from the ED or UCC clinician via a phone call.

There is no lower age limit for patient transport. The referring clinician must ensure that transport requirements are correctly selected to provide appropriate level of crew. All scheduling decisions will be made with due regard to clinical priority.

Transport will be provided in line with IHI inter-hospital transport standards and an outline agreement has been reached for the provision of a 4 month additional dedicated transport resource to meet these standards. The resource allocation will be flexed in line with actual demands as and when patterns of need are formed. A review will occur after 4 months to assess demand and confirm scale down if required.

LNWHT is working closely with the transport providers and Ealing UCC in auditing activity to review commencement resources if required.

The transport team will commence liaison with all receiving sites and establish information packs for each site. The team will also commence training of the UCC and A&E teams as necessary in regard to the booking process.

20 Training and Workforce

Discussion with staff affected by the transfer of services on the Ealing site has commenced and is on-going with the plan for there to be no redundancies. Formal staff consultation commenced on 20th April 2016 and is completed.

The Trust employs 20.6 wte paediatric nurses (including paediatric nurses working in the Emergency Department), 5.7 wte paediatric consultants and 1 Trust Grade (plus 7 middle grade Specialist Trainees) within Ealing Hospital paediatric services and these staff will be redeployed to the remaining paediatric services at Ealing Hospital (rapid access clinic, day care and outpatients), Ealing Community, Northwick Park Hospital and the other Trusts within the NWL sector. Consultants will perform attending and on call duties at the NPH site. NPH also runs a separate ED rota which would be available for those consultants who live outside the permitted distance for on call work at NPH site

The Trust has 24.15wte paediatric nursing vacancies which include 5.4wte PAU nurses, funding to be negotiated. An active recruitment plan is in place with a trajectory of 23.48wte nurses appointed by September 2016.

Medical staff will remain rostered at Ealing until the end of June 2016. HEENWL have provided funding to support the educational and training needs of staff being recruited and or being redeployed to provide these

It is anticipated that four, more senior trainees will be deployed at the Ealing site which, in effect, will become a good “finishing school” for those approaching completion of training. The community department will continue to provide both core and higher specialist trainees with the required training. The trainees will do on-call at other sites in North West London, most likely to be West Middlesex and Hillingdon Hospital.

21 Communication

A communications strategy and action plan has been developed to ensure strong, open and honest engagement with the staff, patients and key stakeholders including GPs, London Ambulance Service and the general public. As part of this work there is engagement with current service users to ensure they are aware that routine care is unchanged but are also clear on the process re emergency situations.

The SaHF team are leading a wider public engagement programme, with users of children’s services at Ealing, which started during the week beginning 11 January. To date meetings have been held in children’s centres and libraries including the children’s centre/crèche at Ealing Hospital. All official communication has been agreed and is going out from 19th May 2016.

Trust staff are also working with the Strategy & Transformation Community Engagement Officer NHS North West London Collaboration of CCGs and the Patient and Public Engagement & Equalities Manager at Ealing Clinical Commissioning Group.

The SaHF information booklet “Changes to Children’s Services at Ealing Hospital has been signed off and gone to print ready for distribution from 19th May 2016.

22 Operational Planning Summary

The Paediatric Steering Group is assured that all operational planning is on track to deliver a safe and timely transition on the 30th June 2016. It reviews LNWH state of readiness on a weekly basis and is working on the following key issues:

- Finalisation of the clinical pathways and discussions with all relevant staff
- Final confirmation of staffing pending closure consultation
- Final estates solution for UCC
- An updated audit assessment of demand for patient transport from sites
- Formal sign off of the dedicated local transport contract
- Staffing model for the RAC
- Confirmation of staffing and skills within Ealing UCC AND A&E particularly around APLS and EPLS trained staff.

Finer operational details including planning and delivery are being monitored and reported weekly to the Chief Operating Officer by the DGM'S through the weekly operations meeting.

LNWHT Paediatric Steering Group will convert into the LNWHT Governance Group post transition and will continue to work closely with UCC, ED and Paeds support services to monitor impact.

23 Conclusions

There has been extensive clinical and operational engagement in the planning of the closure of the inpatient unit and paediatric ED at Ealing Hospital on the 30th June 2016. The paediatric steering group has overseen a robust plan to deliver the change safely and in line with this date and is confident that all operational details will be dealt with in a timely manner in advance of transition.

The Trust's CEO has written to the chair of Ealing CCG confirming a state of readiness of the Trust to support the change.

The project plan outlines the remaining actions to be completed in advance of the changes which will continue to be managed by the Paediatric Steering Group on a weekly basis.

A final report will be produced for the Board meeting in advance of the closure of the in-patient ward and paediatric ED department at Ealing Hospital.

Recommendation:

The board is asked to note:

1. The decision of the Ealing CCG to implement the planned changes to Paediatric services on the Ealing Hospital site
2. The progress made with preparations for the planned changes at Ealing and supporting the consequent effects on the NWP site.