

22 May 2015

Anne Rainsberry
Regional London Director

Dear Anne

Closure of Neonatal Services at Ealing Hospital following Ealing CCGs decision to transition Maternity Services on 20 May 2015

On 20 May Ealing CCG decided to close the Maternity Unit at Ealing Hospital and transfer services to Chelsea and Westminster Hospital Foundation Trust (FT), London North West Healthcare NHS Trust, Imperial College Healthcare NHS Trust, The Hillingdon Hospital FT and West Middlesex University Hospital NHS Trust. There are very clear clinical interdependencies between maternity and neonatal services. NHS England London Region has undertaken an assurance role for both the maternity and neonatal changes and has been involved throughout the process as members of the Shaping a Healthier Future Clinical Board and Implementation Board.

Our assurance has been multidisciplinary and we have worked with clinical and other colleagues in the Trust Development Authority (TDA) and Monitor. It is coordinated through the tri-partite 'Ealing Maternity Assurance Working Group' reporting to regional Directors and others at the tri-partite Regional Oversight Group.

The effected neonatal service is the 'Level 1', Neonatal Intensive Care Unit (NICU) at Ealing Hospital (also referred to as SCBU) and the transfer of cots and staff to other units in line with the expected pattern of deliveries following the transition. I consider that there are clear grounds to recommend that Neonatal services transition at the same time as the Maternity services.

This opinion is based on six main sources of evidence:

1. Findings of the London Clinical Senate Review

In February 2015 I commissioned independent advice on the plans for transition of maternity, neonatal, paediatric and gynaecology services at Ealing Hospital from the London Clinical Senate. The Review team

advised 'very strongly' that services should all move as planned and specifically that maternity and neonatal services should move at the same time in view of the clinical interdependencies. Their review approved the proposed strengthening of neonatal services in surrounding units to receive additional patients from Ealing. The team also agreed with the proposal that paediatric in-patient services should be retained in the short term, but should also move by June 2016.

2. In addition, I commissioned a set of Clinical Conversations between London Strategic Clinical Network Clinical Directors and North West London Clinicians from Trusts affected by *Shaping a Healthier Future* proposals. These demonstrated clear support for the neonatal changes.
3. The Trust Development Authority (TDA) at the 'Confirm & Challenge' session on 6 May 2015 with senior representatives from London Northwest Healthcare NHS trust, Imperial College Healthcare Trust, West Middlesex University Hospital Trust, Chelsea and Westminster and Hillingdon Foundation Trusts. The session was led by Dr Kathy Mclean, the TDA Medical Director and confirmed the readiness of all sites.
4. A suite of letters from sending and receiving Trust Chief Executives in which planned Operational Readiness is confirmed, including assurance that they are progressing with their transition and recruitment plans
5. Personal attendance at SaHF Implementation Board, SaHF Clinical Board and our team's attendance at fortnightly Operations Delivery Executive to assure that mechanisms are in place to monitor and track progress against plan.
6. Papers prepared by Specialised Commissioning team NHS England (London Region).

All trusts have confirmed that they are actively recruiting to meet the SaHF workforce plans. It is noted that there is a London-wide shortage of neonatal nurses that is not resolved by this transition. Trusts have plans in place to recruit to all staff groups and we have assurance that a safe service will be delivered after transition. The implementation plan for staff recruitment and transition is monitored weekly by the Operations Delivery Executive using the regularly updated dashboard. The main risk identified is the need to give clarity to staff concerning their future employment. I echo the concerns of the Clinical Senate review that any further delay risks destabilising the plans for staff transition and this would result in the trusts being unable to deliver a safe service.

I am assured that the necessary management processes exist to continue to monitor recruitment up to transition through the fortnightly Operations delivery checkpoint.

Decision based on all evidence

In conclusion, based on all the evidence reviewed, I consider that NHS England can be assured that the plans & processes in place are sufficiently robust to recommend closure of the Neonatal services at Ealing Hospital and reprovision of services at the other sites in North West London. I consider that any further delay in decision making and implementation in transition would result in significantly increased risk to patient safety.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'D Finch', written in a cursive style.

Dr David Finch

NW London Medical Director (London Region) NHS England

Cc: Jo Ohlson – Acting Director of Commissioning Operations - NWL
David Mallett – Head of Service Reconfiguration