

Appendix 2: Barnet Enfield and Haringey (BEH) Clinical Strategy Update

Barnet Enfield and Haringey (BEH) Clinical Strategy June 2013 Update By Barnet CCG

1. This paper provides an update from NHS Barnet Clinical Commissioning Group on progress of the implementation of the planned changes set out in the BEH Clinical Strategy including current issues and next steps.
2. From 1 April 2013 the programme is hosted by Enfield CCG on behalf of Barnet Enfield and Haringey CCGs, with Liz Wise as the Senior Responsible Officer. The programme team continues with Siobhan Harrington as Programme Director.
3. The programme is currently on track to deliver the planned changes by the proposed date of November 2013. Appendix 1 includes the governance structure for the programme.
4. Workstreams update. There are four joint clinical workstreams that meet regularly and are responsible for the delivery of the detailed programme changes. The senior responsible officers for each joint workstream report directly to the programme board.

Emergency Care

The emergency care workstream is chaired by the Director of Operations from North Middlesex University Hospital Trust. It includes implementation of urgent care centres and acute hospital pathways as well as emergency care across both Trusts. London Ambulance Service is also involved in this workstream. A key milestone has been to ensure that urgent care centres are in place in all three hospital sites from April.

Maternity and neonates

The maternity and neonates workstream is chaired by the Director of Planned Care at Barnet and Chase Farm Hospitals NHS Trust. There has been work to capture and track bookings across both Trusts and agreement on booking processes which have started in April. The model of care for maternity has been agreed including maintaining maternity outpatient services at Chase Farm post implementation of the planned changes.

Communications have been disseminated regarding the planned changes to GPs and stakeholders and a publicity campaign has started to inform the public about where they can book their birth beyond November 2013, should the changes be made then.

The Trusts are working through the detail of their workforce plans. Both Trusts will be meeting the agreed 2013 London Quality and Safety standards as a result of the changes and will have 98 hours of labour ward consultant cover in place from the date of implementation.

Paediatrics

The paediatric workstream is now chaired by the Director of Nursing from Barnet and Chase Farm Hospitals NHS Trust. The workstream is currently finalising the service model for the paediatric assessment unit on the Chase Farm site to be ready from November, should the changes be made then. Detailed workforce plans are now in place and work has started to consider the communications needed regarding the changes. The changes will enable a new service model for paediatric emergencies which give greater and swifter access to Consultant input.

Planned care

The changes planned with regard to planned care are within Barnet and Chase Farm Hospitals NHS Trust and will result in complex surgery taking place at Barnet Hospital and less complex surgery taking place on the Chase Farm Hospital site. Detailed plans are in place. The clinicians recently delivered a presentation to the Clinical Cabinet and spoke of the benefits of the changes to patients, in that having planned care only on the Chase Farm site will result in fewer cancellations for patients, the meeting of quality and safety standards and better training opportunities for staff. Both an internal and external communications plan is being developed.

There are also enabling workstreams of workforce, estates, finance, communications and engagement, all of which report into the BEH Clinical Strategy programme board. Each Trust has a BEH Clinical Strategy focused programme board which meet monthly to track the trust's plans and progress.

5. The work of the clinical cabinet

The clinical cabinet meets monthly and has a key role in assuring quality and safety through the transition as well as ensuring the services being established are established effectively and safely. The group is chaired by Dr Nicholas Losseff, the programme medical director, past Medical Director at NHS North Central London and now a NHS England Clinical Director. The membership of the clinical cabinet includes the nursing and medical directors of both Trusts and the lead GPs from each CCG. The cabinet reviews a clinical scorecard reporting on the four domains of performance, patient experience, serious incidence and workforce; the group review a clinical risk register and also conduct a series of deep dives in to each of the workstreams on a rolling programme.

As part of this work they are also focused on the detail of the delivery plans and securing an external clinical assurance process.

6. Current issues

6.1 Workforce. There are significant workforce changes planned to enable the service changes to happen. Barnet and Chase Farm Hospitals NHS Trust are currently consulting with staff and the North Middlesex University Hospitals NHS Trust have commenced an extensive recruitment campaign.

6.2 Capacity planning. There is a focus in all three boroughs on working on the detail of capacity planning, building on work that usually takes place to consider plans for winter. There was a workshop held on 22 May across Barnet, Enfield and Haringey with colleagues from Hertfordshire where there was a presentation on the experiences of last year alongside consideration of the changes being planned for the year ahead. All

boroughs agreed to reinvigorate their processes for capacity planning and to enable the conversations now ensuring that both social services and community services are engaged in considering the implications of the changes.

6.3 Quality and safety through transition. The work of the clinical cabinet continues. The last Deep Dive considered maternity and neonatal services.

6.4 Enfield Council and public concerns. As Board members are aware these planned changes have been difficult for some local people and work continues on communications and engagement to explain why these planned changes are to take place, the benefits they will bring, and listening to people's views and concerns. Over the last three months there has been BEH Programme attendance at various area fora, Transport User groups, Overview and Scrutiny Committees, and Health and Wellbeing Boards, as well as Practice visits. This engagement will continue.

6.5 The assurance process that will inform CCGs and Trusts that it is safe to implement the changes is being confirmed. The programme office is working with colleagues from NHS England. The process started at the beginning of May and will run alongside the work of the clinical cabinet involving visiting sites and talking with clinicians and other staff. There will be an interim report and then a challenge meeting in early September at NHS England which will result in a letter to the CCGs to inform their decision at the end of September. The three CCGs will look at this together with all other relevant evidence and will make a decision about timing of the implementation of the proposed service moves.

7. Next steps

- Building work continues at both Barnet Hospital and the North Middlesex University Hospital sites
- Recruitment campaign at the North Middlesex University Hospitals Trust underway.
- Continued focus on quality and safety of services now.
- Factsheets being finalised explaining the planned service changes.
- Practice engagement.
- Governance discussion to agree external assurance process and plan for the decision making meeting for CCGs at the end of September.
- Ongoing communication and engagement with the public.
- Campaign regarding planned maternity changes followed by a campaign informing people of the planned emergency care changes.