

**Report to:** Harrow Health and Social Care Scrutiny Sub-Committee

**Report from:** The North West London Hospitals NHS Trust

**Date of Meeting:** 7 February 2012

**RE:** Temporary closure of Central Middlesex Hospital A&E

---

## **1. Background**

The North West London Hospitals NHS Trust has received the Safety Review Report for Central Middlesex Hospital A&E Department carried out by a team of independent clinicians on behalf of NHS North West London, following the temporary overnight closure of the department from 14 November 2011. The Executive Summary is attached as Appendix 1.

The review team was asked to undertake a risk review of:

- A&E staffing levels
- A&E clinical governance processes
- working relationships
- current clinical risk and mitigation
- short and longer-term mitigation of these risks

## **2. Findings**

The report details the review team's findings following visits to Central Middlesex Hospital and Northwick Park Hospital at the end of November and early December. The team had the opportunity to talk to a broad range of staff on both sites from a number of clinical areas.

The report points to a preferred recommendation of maintaining the status quo of overnight closure of the CMH department until a point when sufficient staff can be recruited to assure a robust, safe service at all times.

The review team agreed that the number of patients who might need to be seen by an A&E department elsewhere, rather than the Urgent Care Centre at Central Middlesex, was small enough not to overload neighbouring hospitals, including Northwick Park.

Patients arriving overnight at Central Middlesex Hospital will continue to be seen in the GP-led Urgent Care Centre, which is open 24 hours a day, seven days a week next to A&E. The centre can treat patients with most minor injuries and illnesses and is supported by an onsite medical team from the hospital.

A recent informal assessment of day-to-day figures has not identified any distinct differences or dramatic falls or rises in patient attendances at the Urgent Care Centre as a result of the overnight closure. At the time of writing this report a full statistical analysis was being carried out, therefore, formal figures were not available, but the Trust is happy to provide them on request once they are available from Care UK, the service provider.

### **3. Current position**

The North West London Hospitals NHS Trust released the executive summary on its website, together with an action plan, a week before it was formally considered by the Trust board on 26 January, in order to seek the views of stakeholders and local people on the findings and recommendations.

The senior management team met senior clinicians at Central Middlesex Hospital on 10 January to discuss the implications of the report, followed by further meetings with staff at Central Middlesex and Northwick Park on 11, 17, 20 and 23 January. The report was also on the agenda for discussion at the Joint Negotiation and Consultation Committee meeting on 11 January.

The Trust Board was due to consider the safety review report and the action plan recommended by senior executives at its meeting on 26 January, the day after this report was required to be submitted for inclusion in committee papers.

### **4. Further recommendations**

The review team is also recommending:

#### **4.1. A&E Staffing**

The processes for appointment of consultants and other staff need to be revised. The recent A&E departmental medical staffing business plan which recommended an increase in senior and middle grades should be reviewed with consideration given to increasing the establishment.

#### **4.2 Clinical Strategy**

There is an urgent need to formulate a regional strategy for hospital services which makes best use of the current sites. Space and staffing inadequacies in A&E and the Urgent Care Centre at Northwick Park will require an investment plan if the Trust is to resolve current issues and then fulfil the role of being the major emergency facility in North West London.

#### **4.3 A&E relationships and clinical governance**

The Trust should consider giving A&E clinical representation higher status within the Clinical Directorate. Regular meetings should be established and used to improve communication,

involvement and ownership of staff at all levels in the decision making processes of the Trust. Review infrastructure and staffing of the NPH department – the Trust needs a clear strategy for the development of the department.

#### **4.4 Patient flows**

Institute a system of regular joint review (ward/board rounds) by the floor consultant and nurses in charge of the NPH department.

Review of patient flows and systems in A&E at Northwick Park

- The Trust is opening 28 winter pressure beds – consideration should be given to making permanent the extra capacity

Theatre capacity issues need to be addressed:

- Dedicated emergency list issues need resolving
- Anaesthetic cover for dedicated emergency lists and out of hours needs review with, perhaps, more consultants
- There needs to be an increase in theatre capacity at Northwick Park or a significant proportion of work moved to the CMH site (eg, the neck of femur service, elective joint replacement, urology, gynaecology and short-stay emergency surgery, such as hand surgery, plastics and drainage of abscesses to free theatre time, reduce delays and, therefore, free beds)

#### **4.5 Urgent Care Centre**

The Trust and the North West London Cluster of PCTs should work together on contract details for the UCC at Northwick Park to ensure that the boundaries and co-dependencies of A&E and the UCC are clear. The service specification for the UCC for Northwick Park needs to match as far as possible that provided by Care UK at Central Middlesex.

The decision about the provider for this service needs to be communicated urgently to enable the A&E department to effectively plan its workforce and recruitment.