

**HEALTH AND PARTNERSHIPS SCRUTINY COMMITTEE**

12<sup>th</sup> November, 2013

**PRESENT** – Councillor Newall (in the Chair); Councillors Donoghue, Francis Macnab, Nutt, Regan, E. A Richmond, S. Richmond, H. Scott and J. Taylor.(10)

**ABSENT** – Councillor I. Haszeldine. (1)

**ALSO IN ATTENDANCE** – Councillor C. Taylor.

**OFFICERS IN ATTENDANCE** – Jenni Cook, Assistant Director – Children, Families and Learning.

**EXTERNAL REPRESENTATIVES** –

County Councillor Jim Clark, Chair of Scrutiny of Health, North Yorkshire County Council;

Councillor John Robinson, (Chairman) Overview and Scrutiny Committee and Penny Hillary, Democratic Services Support Officer (Scrutiny), Richmondshire District Council;

Bob Aitken, Clinical Lead of Obstetrics and Genecology; Angela Davidson, Head of Child Health; Anne Holt, Head of Midwifery, and Maternity Matrons and Edmund Lovell, Associate Director of Marketing and Communications, County Durham and Darlington NHS Foundation Trust;

Rosemary Grainger, Project Director, Securing Quality in Health Services, NHS Darlington Clinical Commissioning Group (CCG);

Dr Charles Parker, GP Governing Body Member and Debbie Newton, Chief Operating and Finance Officer, Hambleton, Richmondshire and Whitby CCG; and Jill Moulton, Director of Services, Strategy and Infrastructure and Fran Toller, Divisional Manager; Women and Children, South Tees Hospitals NHS Foundation Trust.

**HP30. DECLARATION OF INTERESTS** – There were no declarations of interest reported at the meeting.

**HP31. CHILDREN'S AND MATERNITY SERVICES AT THE FRIARAGE HOSPITAL – THE PUBLIC CONSULTATION DOCUMENT: OPTIONS FOR THE FUTURE** – The consultation document was submitted by Hambleton, Richmondshire and Whitby Clinical Commissioning Group (CCG) (previously circulated) entitled Children's and Maternity Services at The Friarage Hospital; The public consultation document: Options for the future.

Councillor Newall welcomed everyone to the meeting and outlined the purpose of calling the Special meeting of the Scrutiny Committee and reported from the outset that the Scrutiny Committee were specifically interested in the impact of the proposed options on the Maternity Unit at Darlington Memorial Hospital (DMH). A DVD produced by the CCG was screened at the meeting which outlined in succinct detail the background and reasons behind the consultation and options being consultation upon.

The consultation document outlined two options, as follows; Option 1 – developing a Paediatrics Short Stay Assessment Unit (PSSAU) at the Friarage Hospital, continuing to deliver community paediatric nursing and consultant paediatric outpatient service at the Friarage Hospital, with more specialist in-patient paediatric services being available at the James Cook University Hospital (James Cook), DMH and Harrogate District Hospital and York Hospital and investing in a Maternity Led Unit (MLU) for women with low-risk births at the Friarage Hospital and continue to provide community midwifery and outpatient services locally. Option 2 – continuing to deliver community paediatric nursing and consultant paediatric outpatient’s service at the Friarage Hospital, with more specialist in-patient paediatric services being available at the James Cook, DMH and Harrogate District Hospital and York Hospital and investing in a MLU for women with low risk births at the Friarage Hospital and continue to provide community midwifery and outpatient services locally.

The document clearly stated that the changes would improve the quality and safety of services for patients and their families and the CCG have also undertaken to continue to look at other models used around the Country to see if there is an alternative solution that has not been considered yet. The CCG have also agreed to consider further options put forward as part of the consultation period.

Councillor John Robinson, (Chairman) Overview and Scrutiny Committee, Richmondshire District Council addressed the meeting and reported that Councillors from Richmondshire have visited a number of smaller Hospital across the Country which operate with a Consultant led Maternity Unit who are managing to sustain the service and recruit Consultants. It was envisaged that a further Option would be submitted to the CCG ahead of close of consultation.

County Councillor Jim Clarke, Chair of Scrutiny of Health, North Yorkshire County Council addressed the meeting and advising that the Scrutiny Committee had never supported retaining the status quo and Members had always argued for a Consultant led Maternity Unit. Members of the Scrutiny Committee had also visited Hospitals who operate differently and have learned from them. The Scrutiny Committee asked the CCG to consult on three options but they only consulted on two and therefore the Committee referred the matter to the Secretary of State. The findings of the Independent Review Panel were that the CCG could consultant on two options with the opportunity for further options to be submitted as part of the process. It was noted that North Yorkshire County Council were supporting the work being undertaken at Richmondshire District Council.

Members were informed that the consultation would close on 25<sup>th</sup> November 2013 and an independent third party would collect all the responses and undertake a comprehensive analysis to be published as part of the final report, to be considered by the CCG’s Council of Members and Governing Board who would make the final decision.

Members of the Scrutiny Committee drew comparisons to the Hyper Acute Stroke consultation and the concerns they expressed about the service being transferred to University Hospital of North Durham (UHND), but acknowledged that in retrospect the decision was the right one for Darlington residents. Members had sympathies with the elected Members from Richmondshire and North Yorkshire but conceded that all Hospitals could not provide, all services to everyone.

Reference was made to the national shortage of NHS Clinicians and midwives and Members asked for clarification on the local position. Fran Toller, Divisional Manager; Women and Children, South Tees Hospitals NHS Foundation Trust explained the National and Royal College guidance on assessing staffing levels and how consideration was given to predicting future staff forecasts taking into account retirement over the next 10 to 15 years. Members were pleased to hear that there were no issues locally with the recruitment and retention of Midwives; in fact, Anne Holt Head of Midwifery, and Maternity Matrons, County Durham and Darlington NHS Foundation Trust (CDDFT) reported that the Trust had over recruited to enable flexible and part time working. She had no immediate concerns and there were very robust plans in place to address any staffing difficulties. The shortage of staff was round Junior Doctors with established skills and competencies.

Discussion ensued about Birth Rate Plus and the number of midwives required per number of women, the level of complexity of the service and development of care; both Trusts reported that they were fully compliant.

Particular reference was made to Centres of Excellence and there not being a public acceptance that all Hospitals could not provide specialist services. Dr Parker, GP Governing Body Member, CCG believed that there was a growing acceptance that Centres of Excellence are needed adding that James Cook was the Centre of Excellence for major Trauma, Stroke and Cardiac for the locality.

Jill Moulton, Director of Services, Strategy and Infrastructure, South Tees Hospitals NHS Foundation Trust (South Tees) believed that the Friarage Hospital could be an excellent MLU and PSSAU but not a fully-fledged Consultant led Maternity Unit, as there would be question marks over the sustainability and safety of the service. Maternity Services can only be delivered in big Specialist Centres and with lower maternity services being provided in more local Hospitals and community settings. It was noted that South Tees have recently invested £1m in midwifery care, which is why the Trust believe that they can sustain and viable MLU at the Friarage Hospital.

Bob Aitken, Clinical Lead of Obstetrics and Gynaecology, CDDFT drew on evidence from the Royal College of Obstetrics and Gynaecologists about graded services of maternity provision to ensure that women receive the best treatment in the best Units. Maternity Networks were also highlighted and how varying levels of maternity provision is managed across the area.

Particular reference was made to women travelling from Hawes/Leyburn to the Friarage and the additional travel time to DMH. It was noted that most women from these areas travel to Hospital in their own transport and that there is not a high demand for ambulances. It was anticipated that there may be a slight increase in ambulance demand due to the slight increase in distance. The CCG are working closely with Yorkshire Ambulance Services (YAS) for assurance that there would be adequate service provision during early implementation of the MLU.

Comments were expressed that by operating a MLU at the Friarage Hospital the Trust were taking away the women's choice. It was acknowledged that the Friarage Hospital would only be able to operate an MLU if women choose to go there and the number of births each year is sustainable. The Divisional Manager explained the Friarage Hospital

currently delivers 1260 births each year and the rate varies between 30- 50 births. From the work that South Tees and the CCG have undertaken, it is believed that there would be approximately 500 eligible cases to choose the option of the MLU at the Friarage Hospital and assumptions have been made based on only 300 women choosing the MLU.

Members were informed that MLU's are run by experienced midwives and are a safe local option for women who are medically fit and are assessed to have a normal pregnancy and are at the low risk of complications. The Clinical Lead of Obstetrics and Gynaecology added that women tend to feel more relaxed and more able to cope with labour in an MLU and that there was a special kind of atmosphere and environment. Women who chose an MLU are more likely to have a straightforward birth with little or no intervention which makes for a more pleasurable experience for the women and their family.

Representatives from CDDFT outlined why the MLU at Bishop Auckland General Hospital (BAGH) has been temporarily suspended. It was reported that Clinical Teams were concerned about the potential risks to mothers and babies where a rapid transfer was required to the Consultant led Unit as midwifery emergencies tended to occur very rapidly. (This had been demonstrated by two near misses). The decision was taken based on purely on the grounds of safety. The Trust had concerns about the ability to guarantee a safe outcome for mothers and babies who develop complications and needed to be transferred.

When the MLU was established in 2004, there was an agreement in place with North East Ambulance Services (NEAS) that all emergency cases that require a blue light transfer should be an eight minute response time for 100% of cases, over time this figure has reduced and it had become apparent that NEAS were only able to respond in eight minutes to 75% of the cases. The Head of Midwifery, and Maternity Matrons added that the MLU at BAGH has always had an excellent safety record and quality of experience and it was a shame that it had come to this. Edmund Lovell, Associate Director of Marketing and Communications advised that the Area Team were examining the process and some external independent reviews were being undertaken and conclusions were expected in December 2013.

It was noted that it was a different Ambulance Service (YAS) that would be transferring women to either DMH or James Cook and that assurance has been given about the service and response times to be received together with an additional ambulance on standby. Dr Parker assured the meeting that the GPs have worked closely with paramedics from YAS and have an increased confidence in the service they can provide.

Discussion ensued about the raft of evidence that suggested that MLUs are safe and the differing opinions of Clinicians that MLUs are only safe when collocated to a Consultant led Unit. It was noted that James Cook offers a collocated MLU and as a result the criteria for women using that service isn't as restrictive as those choosing a stand-alone MLU. The Director of Services, Strategy and Infrastructure stated that transfers of women is based on risk factors and as soon as a risk factor is identified the decision is taken, the decision was not taken when a complication arises, it is made much more in advance of that. Members were interested to note that of the small percentage of women who have been transferred from a stand-alone MLU to a

Consultants led Unit would chose an MLU again as they enjoyed their experience up until the point of transfer.

The Divisional Manager explained that the key to a successful labour and birth was the ante-natal care which is provided by Community Midwives and local GPs and assured Members that, that provision would not change. High dependency input would also remain the same and women would have the choice of where they would like to receive their maternity care, as they do now, but the Friarage services would only be for women who meet the eligibility criteria of a low risk birth.

The Head of Midwifery, and Maternity Matrons explained that women are risk assessed throughout their pregnancy and therefore midwives would know what to expect on arrival at the MLU. Risk assessments are carried out on arrival to rule out a transfer at that point and continuously throughout the stages of labour. Interestingly, the vast majority of the women who are transferred out go on to have a normal uncomplicated labour. The Clinical Lead of Obstetrics and Gynaecology reported that the Trust undertake a review of every case that is transferred on a weekly basis to consider whether transferring the woman was necessary and whether she should have been transferred earlier. Usually the findings are the same as the actual events but sometimes recommendations are made to the staff to learn from their experiences.

In response to a question, County Councillor Clark suggested that public opinion has not changed and that local people still wanted to maintain a Consultant led Maternity Unit at the Friarage Hospital and that many have concerns about the proposal for an MLU. Many believe that there is an excellent service at the Friarage Hospital and they would like that to continue. Concerns have also been expressed about the sustainability of the MLU and if it is not successful, would there be another consultation in two to five years' time proposing to decommission the maternity services in entirely? The Director of Services, Strategy and Infrastructure added that during the consultation process and series of public meetings the nature of the questions has changed and some very good questions have been asked. It was noted that disappointingly that there were limited number of service users who have attended the meeting; the majority of local people are attending expressing concerns about the future of the Friarage Hospital. The public needed to be aware and understand the impact of the decision to access the best possible treatment versus the ease of access (transport) to the nearest Hospital.

A series of questions were circulated in advance of the meeting to the CCG and both Foundations Trusts and a response was tabled at the meeting from the CCG and South Tees. All representatives present at the meetings guided Members through their responses and highlighted the salient points.

Anticipated number of patients who will migrate to DMH – The Director of Services, Strategy and Infrastructure made reference was made to the population of Hambleton and Richmondshire who already choose to travel to the Friarage Hospital, even when DMH or York/Harrogate Hospitals are nearer. The Head of Midwifery, and Maternity Matrons explained that following the temporary suspension of the MLU at BAGH, DMH has coped with an additional 150 births. DMH was successfully delivered approximately 2,350 babies in 2012 and the Trust is confident that they can cope with over 3,000 births.

Implications for James Cook/DMH based in the proposed options – The Director of Services, Strategy and Infrastructure reassured the meeting that James Cook has the capacity to cope with the estimated births and there are plans in place to develop a second obstetrics and gynaecology theatre and improved accommodation for parents who have travelled to James Cook. There would be an increase of cots in the Special Care Baby Unit (SCBU) at James Cook following the transfer of the Unit from the Friarage Hospital, and either option for Paediatrics would be easily catered for. The Head of Midwifery, and Maternity Matrons reassured Members that the trigger point for the number of births would be 2,500 and at that point consideration would need to be given to increasing the hours of staff who currently work part time or flexible working. It was noted that DMNH was actually over capacity for midwives and as a result staff were able to work hours which suit their lifestyles and this model lends itself to be flexed up easily if required.

Additional investment required and physical changes – The Director of Services, Strategy and Infrastructure advised there that would need to be an investment into James Cook and that staff would be transferred from the Friarage Hospital to James Cook. There would also be some minor changes to existing accommodation including delivery suite, neo-natal parent accommodation ante-natal/post natal beds, gynaecology surgical day unit and maternity day unit. The Head of Midwifery, and Maternity Matrons reported that there would be no need to expand the current Maternity Unit at DMH as the unit has the same layout as UHND which can cope with over 3,000 births. There is a Trust vision to upgrade and modernise the Labour Ward, which is detailed in the Trust's Clinical Strategy. Improvements would include making all rooms creating en-suite facilities and creating a new Pregnancy Assessment Unit, to reduce the number of early admissions to the labour wards. The Pregnancy Assessment Unit that currently operates requires an expansion of the service, operating hours and environment.

Recruitment issues – The Divisional Manager explained that both the Friarage Hospital and James Cook are fully staffed and the organisation of midwife staffing would be adjusted accordingly to deliver MLU provision from both sites. It was noted that the only requirement of one to one care is for midwifery care in established labour. The Trust has been working with the Regional Maternity Network to design a regional assessment form to audit this across all maternity units across the region. Care in labour is one of the most important factors in patient satisfaction and understanding as well as safety. The Director of Services, Strategy and Infrastructure added that it had taken two years and six months to recruit for a Paediatric Consultant and as a result Paediatrics was staffed by Trainee Doctors and GPs, out of hours. This standard of service the Trust are not comfortable providing and would like to move to a Consultant Delivery Model which could be achieved with the options being consulted upon.

The Clinical Lead of Obstetrics and Gynaecology was pleased to report that the Trust had placed an advert for two additional Consultants to increase the capacity from eight to ten. The Trust believe there will be a successful recruitment and the Trust often have Trainees that come back permanently to work for the Trust, with the idea being to develop skills during night shifts to enable a full Consultant presence in the Maternity Unit 24 hours, seven days a week.

Standard of Care – The Divisional Manager explained that the proposed options would allow the Trust to maintain safe access and safe care to all women, children and babies

who use the services. She believed that without the change the Trust would not feel assured that services at the Friarage Hospital would be sustainable and safe as they would not be fully compliant with current standards. The Trust is mindful that the gap in standards and service provision compliance would continue to widen if changes are not implemented. The proposed option of a MLU, PSSAU as well as outpatient services has been promoted as it ensures local safe provision of services within the national standards required. It is also in keeping with Royal College recommendations for service design of the size and nature of the Friarage Hospital. The Clinical Lead of Obstetrics and Gynaecology believed that the maternity provision at DMH and UHND was good and the additional numbers would not impact on the quality services and provision available.

Debbie Newton, Chief Operating and Finance Officer, Hambleton, Richmondshire and Whitby CCG remarked that the options being consulted upon were formed following a very rigorous process, and that all of the GPs were consulted on them and the options were supported. She reminded the meeting that the CCG have the duty to commission safe and sustainable high quality services. The CCG believe that the options put forward are not only sustainable but would also drive up the quality of services.

Councillor Robinson asked series of questions seeking further reassurance about capacity issues at DMH and the Head of Midwifery, and Maternity Matrons provided details of the Escalation Plans that are in place on the Maternity Unit. Angela Davidson, Head of Child Health reported that if required, there is the facility to increase by for additional cots; this would require additional staffing of 5.7 WTEs. Members were reassured that when either Unit was full the Trust first point of call would be UNHD, and James Cook after that. The future impact of the Wynyard development was also highlighted as a potential issue and all representatives acknowledged that the impact of Wynyard would be a wider Tees Valley discussion. It was also accepted that services, quality and standards would have changed by 2017.

The Chair thanked Representatives and Members for their attendance at the meeting and the informative discussion that had taken place. Members of the Committee were reminded of the Task and Finish Review Group meeting scheduled to take place on Friday 22<sup>nd</sup> November 2013 at 9.30am to consider how the Scrutiny Committee should respond to the consultation.

**RESOLVED** – That the information gathered and received as part of the discussion be noted and Members consider how they would wish to respond to the consultation in anticipation of the Task and Finish Review Group meeting on 22<sup>nd</sup> November 2013.