Yorkshire and the Humber
Clinical Senate

Free and full independent and impartial clinical advice

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Your Ref:

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Via email to:
Jo Webster
Chief Officer
Wakefield CCG

17th July 2020

Dear Ms Webster

Senate Review of Pontefract Hospital Freestanding Midwifery Led Unit Outline Business Case

Thank you for inviting the Senate to advise on your Outline Business Case which considers the options for the future of the Pontefract Hospital Freestanding Midwifery Led Unit (FMLU), part of Mid Yorkshire Hospitals NHS Trust (MYHT).

The Senate has previously worked with you on this subject. Our first advice in May 2019 was to help inform the development of the options for the FMLU at Pontefract as part of your overall strategy for maternity services across the Trust. Subsequent to that you asked us to consider your preferred model for the service, in September 2019. The outcome of that report was used to formulate a final proposal for the CCG's Governing Body and Trust's Board in November 2019. Shortly after our advice was issued to you the Pontefract FMLU was closed to births on a temporary basis due to lack of available staff and remains closed at this time.

You have invited the Senate to work with you again to inform the development of your Outline Business Case (OBC) on the future of the FMLU into your Pre-Consultation Business Case (PCBC). The advice will be used by Wakefield commissioners, in partnership with Mid Yorkshire Hospitals NHS Trust, to ensure that the options appraisal process considers all relevant clinical, quality and safety, choice and workforce aspects. Some of the members of the clinical review panel who provided the earlier advice have remained on the panel for this review and have been joined by other clinical colleagues to ensure we have new perspectives on the proposals. The panel members are listed within the Terms of Reference enclosed with this letter at Appendix A.

The question you asked us to consider is:

Does the Clinical Senate consider the options in the Outline Business Case for the future of the Midwifery Led Unit at Pontefract Hospital balances the requirements for safety and quality; choice; service sustainability; and the midwifery workforce.

The Senate panel received the documentation on the 30th June and scheduled teleconference discussions to review the information in early July. We had a helpful discussion with your clinical and commissioning colleagues on 9th July which provided an opportunity to discuss our comments and seek clarity on a number of areas before finalising our advice.

I hope this letter provides a constructive summary of our comments, builds on the advice we provided last year, and helps you to move forward with your thinking for this service to enable you to bring options to the public for their consideration.

Key Recommendations

1. To further consider if option 1 is a viable option to present to the public and if so to include your recovery plan for this service.

2. To expand option 2 to describe the antenatal and postnatal services you would continue to offer from the Friarwood and to include the home birthing community midwife service.

3. In Option 3 to expand on your description of the hub and clearly set out the advantage of bringing the proposed services to Friarwood and the impact of the removal of these services from the other facilities in which they are currently offered.

4. To reconsider your presentation of option 4 and to make clear the reasons why you are choosing not to take this forward for full appraisal if that remains your decision

5. To consider re-ordering the options to present option 2, the current temporary service model, as the first option

6. To set out how the differing options would impact on your ability to expand your ability to provide continuity of carer and to make this clear in your narrative to the public.

7. To include more detail on the staffing models, including the community midwifery team, to give confidence in the quality and sustainability of your service.

8. To include more information on the Dewsbury MLU and to be transparent in explaining the differences between the 2 stand-alone MLU services.

9. To engage with the public to co-produce your final options.

The Options Presented

The 3 options set out within the OBC are:

Option 1 (Baseline Option): Pontefract MLU reopens on a 24/7 basis and is offered as a birthing option along with the units at Pinderfields and Dewsbury & District Hospitals and Home Births in the Community.

Option 2: Births are consolidated at Pinderfields Hospital, Dewsbury & District Hospital, and Community Homebirths. Pontefract MLU remains closed for birthing with other maternity services continuing as currently at Pontefract Hospital**.**

Option 3: As option 2 Pontefract MLU Remains Closed for Deliveries with other maternity services continuing as currently at Pontefract Hospital. In addition, the Trust develops a Women's hub utilising some of the vacant space in the Friarwood Birth Centre.

In discussion you confirmed that you are still discussing your full list of options and welcome Senate suggestions as to how to shape those options.

Although option 1 is set out as the baseline option, the current service is actually more accurately set out in option 2. Pontefract MLU has been closed since September last year due to staffing shortages and therefore in presenting the option of Pontefract MLU as a 24/7 birthing centre we advise that you fully consider how viable this is to achieve. In discussion you acknowledged that it would be extremely difficult to achieve this staffing level at the same time as implementing continuity of carer and you need to consider this challenge further alongside the birth rates in the area and level of demand for the service. Once this work is complete, we recommend that you reflect on how feasible this option is to present to the public. If you agree that it is a viable option to include, the recovery plan to achieve this needs to be made clear.

Option 2 reflects the current reality and proposes formalising the closure of the Pontefract MLU for births. We advise that within this option you clearly set out the consultant and midwife led antenatal and postnatal services and the antenatal day unit that you would continue to offer from the Friarwood. The panel suggested that the transfer rates from the day assessment unit and data on admission and attendance for this unit should be included. We advise that you also describe the community midwifery team and choice of home birthing. We note in discussion with you that since you have introduced the continuity of carer team in the last 4 months you have increased your homebirths significantly and anticipate home birthing reaching 4% of your total births by the end of this financial year. This is an important part of the service to include in the narrative to the public. You also have the opportunity to include the experience and learning from this model, as this reflects the service offered since September last year.

The panel was very supportive of option 3 which sets out an expanded offer of a community hub. In discussion we understand that you hope this hub to possibly include a Baby Café, breastfeeding support and an infant feeding support service, family planning and sexual health, perinatal mental health services, smoking cessation, heath & social care, housing, safeguarding and support for new dads. This hub would provide the advantage of offering 1 stop access to a range of services in a familiar setting. We agree that this expanded offer could prove very helpful to this population and it has our full support. The business case refers to these services being brought in from existing children's centres and we recommend that in presenting this option you clearly set out the advantage of bringing these services to Friarwood and the impact of the removal of these services from the other facilities in which they are currently offered. We understand that you have not yet commenced discussions with these other services and as yet do not have a commitment from them to offer their services at the Friarwood. This knowledge would strengthen the presentation of the option.

On page 75 of the business case it refers to the long list of options which includes:

Option 4: Reopen the Pontefract MLU as a birthing option with the Continuity of Carer teams accessing the Birthing rooms 'On Demand'

Option 5: Pontefract re-opens to deliveries on a 24/7 basis and a Women's Hub is developed to operate alongside the FMLU.

We understand why option 5 has not been taken forward for further assessment but we advise that option 4 needs further thought. The on demand model was previously presented to the Senate as a preferred option in our work with you in September last year. At that time our review concluded that the provision of a fully staffed MLU at Pontefract Hospital was unsustainable but that the argument for the provision of an 'On Demand' service was not fully made. This was due to the preferred option still not being set in a wider context which addressed the staffing pressures, the maintenance of staff skills and the longer-term capacity in the system to manage growing demand across the Mid Yorkshire Hospital Trust (MYHT) maternity services. We were however largely happy with the clinical model following our review of the standard operating procedure for the on demand service. We understand that there may be reasons why you have chosen not to develop this option further but to state that this decision is due to Senate advice is a misrepresentation of our views. Although our advice at that time was that you did not provide a fully coherent argument for an on-demand service you could have chosen to develop the option and address the gaps we identified. In your PCBC we recommend that you reconsider your presentation of this option and make clear the reasons why you are choosing not to take this forward for full appraisal if that remains your decision. There still remains the potential for an on demand service to work well here but without understanding the community midwifery staffing structure and caseload, the potential demand for this service and it's fit with a continuity of carer model then it is difficult to comment further on its feasibility.

You informed us that there would be a full impact assessment of each option included within the PCBC but as intrapartum care is the only change to the service the expectation is that the impact on patients having to travel will be minimal. Although it is certainly reasonable to say that the impact will be less than it otherwise would have been had all maternity services been removed from the site, the travel impact still needs full consideration. A small number of women will be travelling a greater distance to their place of birth than previously, there will be occasions when women think they're in labour but are not and occasions when they present in the latent phase of labour (and are discharged home only to be readmitted a few hours later). This will mean that the additional intrapartum-related 'visits' to Pinderfields will be more than the total number of births. In your impact assessment you will need to consider if the increased distance to travel will have any impact on births before arrival for example and the consideration of relatives who might want to be at the hospital for or after the birth, accepting that stays should be minimal. None of these issues should be regarded as providing insurmountable hurdles, but the general public (and especially those women impacted by the change) will want to see that these issues been carefully considered and that the trust is sensitive to the potential implications.

A final point on the options is that we advise that you consider re ordering the options and moving the current option 2 to the No 1 position as this is the reflection of the current situation.

Continuity of Carer

What is not made clear in the business case is how these options could be delivered with the continuity of carer model and we recommend that you include the narrative on this within the PCBC. In discussion with you we understand that delivering continuity of carer is challenging in all 3 models. You stated that 48-52% of women booked on a continuity of carer pathway achieved intrapartum continuity of carer. We understand that the more choice there is on the places of birth the harder it is to achieve continuity of carer. In line with Better Births[1] your aim is to ensure 51%

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[1] NHS England » Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for

of all women, whatever their place of booking, are offered continuity of carer by March 2021, a figure which is currently 24%. We are not clear what proportion of those 24% of women are from the Pontefract area, or were included in the team which achieved the 48%-52% intrapartum continuity. We recommend that you set out how the differing options would impact on your ability to reach this Better Births target and make this clear in your narrative to the public.

The Midwifery Workforce

The information on the staffing difficulties within the OBC is minimal. Our advice is to include more detail on this to improve your presentation of the options. Currently you report 11wte vacant midwifery posts and that the closure of Pontefract as a birthing centre would release 5.5 Whole Time Equivalent staff (WTE) back into the Pinderfields service. We understand that these vacancies have been filled by newly qualified midwives and that you have a pipeline of midwives waiting to take up posts at Mid Yorkshire Hospitals NHS Trust. It is reassuring that these vacancies have been filled, but this does present challenges in the skill mix. The right staffing skill mix is important in ensuring the quality and safety of the service at Pinderfields and the service quality is already a point of concern in the public feedback which you have received. In discussion with you we understand that you have completed a significant amount of work on your staffing model. This includes appointing 2wte clinical educators and 0.6wte recruitment and retention midwife to support newly qualified midwives. We advise that you include this in your business case to give confidence in the quality and sustainability of your service. There is also no description of the community midwifery team and their caseloads within your business case, which are key to the service description, and we advise that you also include information on this important part of the service.

We understand that you do record the NICE red flags. These indicators are helpful in identifying the pressures in the system particularly where standards of care are not being met due to staffing shortages. You may wish to reflect some of this information within your PCBC.

Service Sustainability

Your OBC contains birthing figures for your services across Mid Yorkshire. These are helpful in reflecting the very low demand for the Pontefract MLU, however the regular closure of this service will not give a true reflection of demand and you acknowledge that patient confidence in the service is shaken.

Our other comments on the activity and sustainability of the services relate to the stand alone MLU at Dewsbury. Although referenced in the OBC there is no detail on this service and it raises obvious comparisons in that there are 2 freestanding MLUs offered by the Trust and one is considered to be sustainable and the other not. Our advice is that your case would be strengthened if you were more transparent in explaining the differences between the 2 services. We advise that this includes how Dewsbury have maintained their level of deliveries alongside their hub, their closure rates and their transfer rates to Pinderfields. We also note that the population figures are increasing in Pontefract and decreasing in Dewsbury and the ability of the services to meet the future needs of the population needs to made clear in your narrative.

Patient Experience

There is limited information within the OBC on the patient engagement to date and there is more opportunity to bring out your work, particularly with the Maternity Voices Partnership (MVP). We understand that during COVID-19 the focus with your MVP on delivering safer services has taken

precedent to discussions with them about the FMLU and that it is your intention to co-produce your options with them. The Oversight and Scrutiny Committee have suggested that you re-establish your discussions with the public in the New Year. The community hub is an obvious area where the public voice can help to shape the services that are on offer. It is important to acknowledge that the patient experience of the service at Pinderfields is less positive than for the Pontefract service and to address what changes you are going to make to improve that.

Conclusion

Your question to us asked if the options had addressed the points of safety and quality; choice; service sustainability and the midwifery workforce. We agree that the options presented do provide a full choice of birthing options although this could be conveyed more clearly through inclusion of the home birthing service. Our key concerns with regard to service sustainability is whether the option to reopen Pontefract MLU as a 24/7 birthing centre is a viable option to present to the public. If it is considered viable then the recovery plan to achieve that needs to be made clear. We are also not clear why the option of an on demand service is not being taken forward for full appraisal and we recommend that the reasons for this are clearly described.

The issues of safety and quality are very closely tied with the strength of the staffing model. With regard to the midwifery workforce we advise that you need to include more detail on the staffing structures, including the community midwifery team, if you are to give confidence in the quality and sustainability of your service. Continuity of carer is a key aspect of your developing service and we recommend that you set out how the differing options would impact on your ability to offer this to more patients.

Within your presentation of the options we advise that your option 3 would benefit from a more positive presentation of the opportunities which the community hub provides. This is potentially a really positive change to offer to the public, and there needs to be a sense of excitement at this potential development, and the clinical engagement behind this made clear. Engaging with the public about the community hub and other options needs to be a positive and creative process.

We hope our comments are helpful to you in developing your proposals for consultation with the public and for agreeing the future for this service.

Yours sincerely

Chris Welsh
Senate Chair
NHS England – North (Yorkshire and the Humber)

Copy to:
Tracy Morton, Senior Commissioning Manager, NHS Wakefield Clinical Commissioning Group

Yorkshire and the Humber
Clinical Senate

CLINICAL REVIEW

TERMS OF REFERENCE

TITLE: Pontefract Freestanding Midwifery Led Unit on behalf of Wakefield CCG

Sponsoring Organisation: Wakefield CCG

Terms of reference agreed by: Tracy Morton, Senior Commissioning Manager Maternity, Children's and Women's Services and Joanne Poole, Senate Manager, Yorkshire and the Humber Clinical Senate
Date: 1st July 2020

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1. CLINICAL REVIEW TEAM MEMBERS

Clinical Senate Review Chair: Pnt Laloe, Council member and Consultant Anaesthetist from Calderdale & Huddersfield NHS FT

Citizen Representatives: Sue Cash and Margaret Wilkinson

Senate Review Clinical Team Members:

Mrs Jane Allen	Consultant Obstetrician & Gynaecologist & Clinical Director for Women's Health	Hull & East Yorkshire Hospitals NHS FT
Dr Karen Selby	Consultant in Obstetrics & Gynaecology & Deputy Clinical Director	Sheffield Teaching Hospitals NHS FT
Janet Cairns	Head of Midwifery	Hull & East Yorkshire Hospitals NHS FT
Dr Stephen Sturgiss	Consultant Obstetrician and Clinical Lead for Maternity Network	Newcastle Upon Tyne Hospitals NHS FT
Jenna Wall	Head of Midwifery	Northumbria Healthcare NHS FT
Kathryn Hardy	Local Maternity Systems Programme Lead	Northumbria, Tyne and Wear and Durham, Darlington, Teeside Hambleton, Richmond and Whitby

2. AIMS AND OBJECTIVES OF THE REVIEW

Question:
Wakefield CCG would be grateful if the following question can be considered:
Does the Clinical Senate consider the options in the Outline Business Case for the future of the Midwifery Led Unit at Pontefract Hospital balances the requirements for:

- safety and quality;
- choice;
- service sustainability; and
- the midwifery workforce

Objectives of the clinical review (from the information provided by the commissioning sponsor):
To provide independent clinical advice to NHS Wakefield CCG and Mid-Yorkshire Hospitals NHS Trust on the options for the future of the Midwifery Led Unit at Pontefract Hospital, as detailed in the Outline Business Case for Maternity Services. The advice will be used by Wakefield commissioners, in partnership with Mid Yorkshire Hospitals NHS Trust, to ensure that the options appraisal process considers all relevant clinical, quality and safety, choice and workforce aspects and that it meets the Government's key tests for service change.

Scope of the review:

This review builds on our previous 2 reviews which considered the options for the Friarwood MLU in Pontefract. Our last review was carried out in August 2019 which supported proposals for the continuity of carer pathways and the proposed expansion of the community hub. Since this report was published, the Pontefract MLU has been temporarily closed due to staffing issues. Wakefield CCG are now looking to go out to public consultation on the permanent closure of this unit for births. Antenatal and postnatal services will still be provided in Pontefract.
The Senate will consider the information provided in the business case and the clinical panel will supplement their understanding of the model through discussion with commissioners.

3. TIMELINE AND KEY PROCESSES

Receive the Topic Request form: not applicable – agreed through telephone discussion
Agree the Terms of Reference: by 25th June 2020
Receive the evidence and distribute to review team: 1st July 2020
Meetings and Teleconferences:

- Clinical Panel teleconference on Monday 6th July
- Discussion between panel and commissioning representatives on Thursday 9th July

Draft report submitted to commissioners: 17th July 2020
Commissioner Comments Received: within 10 working days of the draft report being received
Senate Council ratification; ratification via email
Final report agreed: following Council ratification
Publication of the report on the website: Timeline to be confirmed with the commissioner but normally publication is within 8 weeks of the report being agreed.

4. REPORTING ARRANGEMENTS

The clinical review team will report to the Senate Council who will agree the report and be accountable for the advice contained in the final report. The report will be given to the sponsoring commissioner and a process for the handling of the report and the publication of the findings will be agreed.

5. EVIDENCE TO BE CONSIDERED

The review will consider the following key evidence:

- 2020 06 30 Wakefield Maternity OBC Clinical Senate Review v0.7
- FMLU Draft Change Assurance Timeline June 2020 v9

The review team will review the evidence within this documentation and supplement their understanding with a clinical discussion.

6. REPORT

The draft clinical Senate report will be made available to the sponsoring organisation for fact checking prior to publication. Comments/ correction must be received within 10 working days.
The report will not be amended if further evidence is submitted at a later date. Submission of later evidence will result in a second report being published by the Senate rather than the amendment of the original report.
The draft final report will require formal ratification by the Senate Council prior to publication.

7. COMMUNICATION AND MEDIA HANDLING

The final report will be disseminated to the commissioning sponsor and NHS England (if this is an assurance report) and made available on the Senate website. Publication will be agreed with the commissioning sponsor.

8. RESOURCES

The Yorkshire and the Humber Clinical Senate will provide administrative support to the clinical review team, including setting up the meetings and other duties as appropriate.
The clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

9. ACCOUNTABILITY AND GOVERNANCE

The clinical review team is part of the Yorkshire and the Humber Clinical Senate accountability and governance structure.
The Yorkshire and the Humber Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring organisation.
The sponsoring organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

10. FUNCTIONS, RESPONSIBILITIES AND ROLES

The **sponsoring organisation** will

i. provide the clinical review panel with agreed evidence. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and population projection, evidence of alignment with national, regional and local strategies and guidance. The sponsoring organisation will provide any other additional background information requested by the clinical review team.
ii. respond within the agreed timescale to the draft report on matter of factual inaccuracy.
iii. undertake not to attempt to unduly influence any members of the clinical review team during the review.
iv. submit the final report to NHS England for inclusion in its formal service change assurance process if applicable
v. provide feedback to the Clinical Senate on the impact of their advice.

Clinical senate council and the **sponsoring organisation** will:

i. agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements.

Clinical senate council will:

i. appoint a clinical review team, this may be formed by members of the senate, external experts, and / or others with relevant expertise. It will appoint a chair or lead member.
ii. endorse the terms of reference, timetable and methodology for the review
iii. consider the review recommendations and report (and may wish to make further recommendations)
iv. provide suitable support to the team and
v. submit the final report to the sponsoring organisation

Clinical review team will:

i. undertake its review in line the methodology agreed in the terms of reference
ii. follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies.
iii. submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council.
iv. keep accurate notes of meetings.

Clinical review team members will undertake to:

i. commit fully to the review and attend all briefings, meetings, interviews, and panels etc. that are part of the review (as defined in methodology).
ii. contribute fully to the process and review report
iii. ensure that the report accurately represents the consensus of opinion of the clinical review team
iv. comply with a confidentiality agreement and not discuss the scope of the review nor the content of the draft or final report with anyone not immediately involved in it. Additionally, they will declare, to the chair or lead member of the clinical review team and the clinical senate manager, any conflict of interest prior to the start of the review and /or materialise during the review.

END