NHS
Yorkshire and the Humber
Clinical Senate

Free and full independent and impartial clinical advice

Our Ref:
Your Ref:

Oak House
Moorhead Way
Bramley
Rotherham
S66 1YY
Chris.welsh@nhs.net

Via email to:
Jo Webster
Chief Officer
Wakefield CCG

25th September 2019

Dear Ms Webster

Senate Review of Pontefract Hospital Freestanding Midwifery Led Unit

Thank you for the opportunity to review your proposals for Pontefract Hospital Freestanding Midwifery Led Unit, part of Mid Yorkshire Hospitals NHS Trust (MYHT). The questions posed were about the patient safety, quality of care, patient choice and midwifery workforce aspects of the on-demand model with eventual continuity of carer pathways and expansion of the community hub. Whilst the Senate broadly supports the case for change made and commends the innovative service re-design, the model submitted lacked information in some key areas including: the current and future workforce models; the clinical input in patient safety and governance processes; the impact made by engaged patients in co-designing the proposed model; and the effect starting a partial on-demand model on 29th July 2019 has had on the midwifery workforce, particularly on the community and labour ward teams.

By way of background, the Senate has previously worked with you on this subject and our advice at that time was used to inform the development of the options for the FMLU at Pontefract as part of your overall strategy for maternity services across the Trust. Our previous advice was issued to you in May 2019 and is attached to this letter for reference in Appendix B. Since that advice was issued you have asked us to consider your preferred model for the service and we understand that your intention is to use this advice to inform a public deliberative event in September. Our understanding is that the outcomes from the Senate reports and from the clinical and public deliberative events will be used to formulate a final proposal for the CCG's Governing Body and Trust's Board in autumn 2019.

The members of the clinical review panel who provided the early advice have remained as the panel for this review with oversight and input also provided from members of the Senate Council. 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:

Can the Clinical Senate confirm whether the proposal for the future of the Midwifery Led Unit at Pontefract Hospital balances the requirements for safety and quality, choice and Midwifery workforce.

The Senate panel received the documentation on the 12th July and were scheduled to review the information through teleconference and email discussion held in July and early August. On receipt of the information, however, we wrote to you to advise that further information was required which was received on 30th July 2019. After our initial panel discussions however, we wrote to you on 5th August to advise that, even with the additional documents provided on 30th July, the information received was insufficient to enable us to advise on the question asked. The letter contained suggestions of the information required and we agreed upon a revised timescale for this work. The additional information was received on 16th August and this was discussed by the panel through teleconference and email discussions held in late August. Following a further late request from the panel, additional information was also received on 5th September. Due to the tight timeline there was not opportunity to organise a discussion between the panel and the commissioning leads. The full list of information we received from the CCG is listed in the Terms of Reference.

I hope this letter provides a constructive summary of our comments and builds on the advice we provided at the earlier stage in the development of the clinical model.

Overview

Your proposals outline 3 phases to your proposed model of care. Phase 1 would put into place an on-demand service at the Freestanding Midwifery Led Unit (FMLU) at Pontefract with community midwives attending Pontefract MLU to deliver a woman in labour. This is an extension to the partial on demand service which you operate on weekday nights and through the weekend since 29th July 2019. It is anticipated that you would commence this 24/7 on demand service in January 2020 although this is dependent on the governance processes. The key difference with this model therefore is that midwives would not be permanently located in the MLU. Community midwives would access the birthing rooms in order to birth the woman and once the woman and baby are fit to leave the unit (2 – 6 hours later) the community midwives would also leave the unit.

Phase 2 would develop a maternity community hub at the FMLU. Although there are elements of this already in place your proposals are to extend these services and you would use the September public event to co design the hub in addition to advice from the Local Maternity System.

Phase 3 would see the introduction of the Continuity of Carer pathways to the Pontefract MLU and across the maternity service. There would be four Continuity of Carer pathways. The pathway is already in place for the Bronte birth centre at Dewsbury but pathways would be introduced for the Friarwood Birth Centre at Pontefract and the Pinderfields birth centre with an additional mixed geographical pathway.

The Clinical Senate panel was generally impressed by the information collated by the CCG and Trust in response to our questions. For clarity, you do need to be clear to what you are referring when you reference the “current model of service”. In your August 2019 response to our supplementary questions we understand “current” to be describing the pre-July 2019 model of Pontefract MLU being staffed 24/7 by a resident midwife and a healthcare assistant.

It was very helpful to see the full engagement report and we are pleased that continued public and staff input is expected. We welcome the innovative ideas you have to discuss with the public at your September meeting which will build upon the range of services already offered. We note that although the previous engagement informed the discussions and outcomes the specifics of the actions taken because of the engagement are not clearly stated and this would have been helpful. With the planned public event in September we advise that you clearly set out the opportunities

that there are in the timeline to make changes to your proposals as a result of that engagement.

Overall, we are supportive of your proposals for the community hub and the continuity of carer pathways, but we have questions about the on-demand model. In our original report to you we advised commissioners of the need to prioritise both consideration of 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, before determining the possible solutions for the service. We have seen no evidence of this within the service proposal put forward to us. Some points therefore remain under-articulated, such as workforce capacity descriptions and service sustainability and these are highlighted in our response. As a broad point, the Senate has not seen the wider strategic vision for maternity services across Wakefield District and therefore our comments are limited to the specific proposals for the Pontefract MLU without seeing its fit within this wider context.

The On Demand Service

As stated in our previous advice, we agree with you that with the low number of births and the staffing pressures it is not a realistic solution to retain Pontefract MLU as a unit staffed 24/7 by a resident midwife and a healthcare assistant. Changing this to an on-demand service is an innovative way to retain the option of a freestanding midwifery led unit in Pontefract. You have confirmed that continuing the service in some form is to meet the aspiration to continue to offer the women of the Wakefield district a locally accessible freestanding MLU and this is laudable.
We are assured that 6 women have used the on-demand service, with no issue, since 29 July 2019 when the overnight and weekend on demand service was implemented.

It could be clearly argued however, that with an alternative alongside Midwifery Led Unit at Pinderfields, only 25 minutes away, local women already have the full range of birthing choice. The lack of information on calculated capacity/ activity and financial sustainability for the on-demand service has meant that you do not present a fully coherent argument to retain this in favour of its closure. We understand that this change to an on-demand service is not intended to support financial sustainability, but it seems unusual in times of public funding scrutiny to have a service change with no financial assessment. This gives us some concern as to the longer-term sustainability of this change.

You also state that closure of the unit would place additional pressure on the alongside MLU at Pinderfields, however, we are not convinced of this argument. In discussion previously, you have stated that the additional numbers could be absorbed at Pinderfields as they are low enough to be accommodated within the normal expected variation of a birthing centre.

Midwifery staffing was an area of concern to us in our previous work with you and remains so. We agree that the on-demand service has the advantage of optimising the midwifery resource by ensuring midwives are not deployed to work in a unit where there is no patient activity for a significant proportion of the time. We fully support the move away from a permanently staffed unit but staffing an on-demand service is not without challenge. Staffing the on-demand service from the community team, will place additional pressure on the community service and the panel are concerned that this may have been under estimated (only illustrative figures of eleven community midwives and three community midwives being on shift respectively on a Tuesday in August at noon and a Saturday in August at midnight were received on 5th September 2019). The full numbers of community midwives are not given within the information we received. This pressure on the workforce will remain with a Continuity of Carer model.

The panel also expressed concern about the availability of the Health Care Assistant (HCA) at Pinderfields as they may easily become tied up at the unit, especially if other HCA's are off sick. In response you have stated that you are confident that you can accommodate the increased on-call commitments to the unit within the community teams and that the HCA at Pinderfields is extra to the normal staffing numbers so their release to support the on-demand service would have no impact on the Pinderfields site. As an alternative you may wish to consider whether the HCA could work on an on call model like the midwives to ensure they are free when needed.

We recognise that you are working to address the wider pressures on the Mid Yorkshire midwifery staffing. We welcome the number of initiatives you have underway including an agreement with the university for a March intake in 2020 that doubles current student numbers. In our view, however, the staffing model still seems very fragile and we would have liked to have seen more workforce details and full actual staffing figures, within your proposals.

With regards to the operation of the service, the Senate found it very helpful to be provided with the operational plan for the Friarwood Birth Centre (freestanding MLU in Pontefract), Bronte Birth Centre (freestanding MLU in Dewsbury) and Pinderfields Birth Centre (alongside MLU in Wakefield) which incorporates the draft Standard Operating Procedure for the interim on demand service model in Pontefract. This has largely met the concerns raised previously by the panel on the safety of the model. All outstanding concerns are contained within this letter.

The panel was particularly reassured to understand that the woman has one contact number for the unit that she is booked to birth in. When she is booked into an on-demand service or a closed service the women would be transferred through to the 24/7 triage when dialling that number. We understand that this practice has been in place since the freestanding MLUs opened and is well embedded. When the service is fully on demand the panel questioned whether the woman be given the 24/7 triage number as their first point of contact as the birth centre will be mostly closed. This needs to be made clear within the proposals.

The panel raised the following specific points on the operational plan which commissioners may wish to consider as they develop the document.

- Page 6: last paragraph. States that birth centre midwives are not required to give a clinical handover of women in the birth centre to the labour ward as a matter of routine which seems to contradict the information on page 18.

- Page 8, fifth paragraph, and page 16, section 7, first paragraph, it says all women are to contact their birth centre (not triage). Is that still the case for a fully on demand service?

- Page 9, section 5.1: there are two bullet points about BMI, one for BMI 30-35 and one for BMI 35-40 and we find it difficult to appreciate the differences between them. For the BMI 35-40 it would be helpful to define the type of midwife who will conduct the individual assessment. This also seems to contradict page 12 where it says BMI above 35 suggests a planned birth at the obstetric unit. The panel expressed concern that when a women does not fully fit the criteria for the birth centre (such as BMI >35 or <16 years or >40 years) that the individual assessment can be performed by a midwife. As the units are freestanding the panel commented that a patient should be reviewed by a consultant Obstetrician to make this decision.

- Page 10: section 6.1. The reference “2007 amended 2014” is incomplete. What does this refer to?

- Page 15: define the abbreviation MLC

- Page 15: within the table of factors which may affect risk assessment for the birth centres you list previous gynaecological history of major gynae surgery. We advise that you also include any other major abdominal surgery or any orthopaedic surgery affecting the pelvis.

- Page 19: We would recommend that there is more detail specified on the transfer data collection and peer review. We have seen the spreadsheet listing the eleven patient transfers that were done between April and June 2019 from Pontefract MLU to Pinderfields birth centre. This includes 1 antenatal transfer, 5 intrapartum transfers and 5 postpartum transfers. We are unsure of the clinical review process that accompanies this documentation.

- Page 38: 7:30am to 19:30 is 12 hours, not 11.5 hours.

- Page 45: We do not understand what the three arrows between the four boxes represent given that they describe 4 different times.

- We remain unclear on how the equipment and drug checks will be regularly performed in a fully on demand service and advise that this needs to be specified within the documentation.

We note that you have not consulted Yorkshire Ambulance Service (YAS) on the change to the on-demand service as this does not impact on their commission to transfer women from Pontefract MLU to Pinderfields in the case of obstetric emergencies. We advise that it would still be polite to inform YAS and we assume that they need to know that the service is 24/7 but only with calling in advance (i.e. on-demand).

We also advise that you have clear proposals on how you will evaluate the success of the on-demand model both with patients and with staff. You need to be able to clearly evidence whether this change to the on-demand service provides a good experience for the patient, whether staff feel well trained and supported, and demonstrate that the service is safe and provides good outcomes for mother and baby.

The Community Hub and Continuity of Carer

We are fully supportive of the proposals to expand the community hub and think that there is real opportunity here to offer a diverse range of support services for women and families. We note that this expansion of the hub will utilise 2 of the 4 birthing rooms at the FMLU but that this is not an issue with the current level of demand.

With the community hub there is opportunity here to develop an excellent model of care for low risk women supported by a case load team based at the hub. Although the building is a great resource it is important for commissioners to start their design of services by considering the pathway of care for the women and utilise the building to deliver that pathway rather than seeking to build a range of services to utilise a building.

Introducing Continuity of Carer pathways is a requirement of the Long Term Plan and we support

your proposals to introduce 4 continuity of carer pathways across the whole maternity service. We note that you plan to introduce these pathways in November 2019 and that by late January 2020 the operational delivery of the on-demand service will shift from the community midwives to the continuity of carer team. Commissioners will be aware of the need to clearly embed the escalation plans with each member of the team so that they are well versed with what to do if a birth does not go to plan.

Conclusion

In our previous work with you we have agreed that the permanently staffed MLU model in Pontefract is not sustainable however, the evidence provided to us for this review does not provide a fully coherent argument to change this to an on-demand service. We support your desire to retain the service through an innovative solution but, as it can be argued that women in Pontefract can retain their choice of an MLU birthing option by attending nearby Pinderfields, you need to more clearly articulate the rationale for retaining the service. This is with particular regard to the evidence about the sustainability of this service both from a workforce and financial perspective.

The proposals for the continuity of carer pathways and the proposed expansion of the community hub have our support.

We hope our comments are helpful to you in 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
Michele Ezro, Associate Director – Acute Commissioning, NHS North Kirklees and Wakefield CCGs

Appendix A

NHS
Yorkshire and the Humber
Clinical Senate

CLINICAL REVIEW

TERMS OF REFERENCE

TITLE: Pontefract Freestanding Midwifery Led Unit on behalf of Wakefield CCG Part 2

Sponsoring Organisation: Wakefield CCG

Terms of reference agreed by: Michele Ezro Associate Director – Acute Commissioning and Joanne Poole, Senate Manager, Yorkshire and the Humber Clinical Senate
Date: 15th June 2019

1. CLINICAL REVIEW TEAM MEMBERS

Pnt Laloë	Council member and Consultant Anaesthetist	Calderdale & Huddersfield NHS FT
Sue Cash	Lay Member	
Margaret Wilkinson	Lay Member	
Dr Karen Selby	Consultant in Obstetrics & Gynaecology & Deputy Clinical Director	Sheffield Teaching Hospitals
Dr Ray Chaudhuri	Consultant in Obstetrics & Gynaecology	Barnsley Hospital
Janet Cairns	Head of Midwifery	Hull & East Yorkshire Hospitals NHS FT
Dr Jane Allen	Consultant Obstetrician & Gynaecologist & Clinical Director for Women's Health	Hull & East Yorkshire Hospitals NHS FT
Sally Franks	GP and Senate Council Member	Leeds
Paula Schofield	Nurse Director & Head of Midwifery	Sheffield Teaching Hospitals

2. AIMS AND OBJECTIVES OF THE REVIEW

Question:
Wakefield CCG would be grateful if the following question can be considered:

- Can the Clinical Senate confirm whether the proposal for the future of the Midwifery Led Unit at Pontefract Hospital balances the requirements for safety and quality, choice and Midwifery workforce.

Objectives of the clinical review (from the information provided by the commissioning sponsor):

To provide independent clinical advice to Wakefield CCG to inform their future model of maternity services. The advice will be used by Wakefield commissioners, in partnership with Mid Yorkshire Hospitals NHS Trust, to finalise the options for the midwifery led unit at Pontefract Hospital prior to holding a public deliberative event in September. The outcomes from the Senate reports and from the clinical and public deliberative events will be used to formulate a final proposal to go to the CCG's Governing Body and Trust's Board in November 2019. The proposal will be part of an overall strategy across the Trust for maternity services

Scope of the review:

In the last year the number of births at Pontefract MLU was significantly below the 500 births recognised as the minimum number of births considered to be required to operate a sustainable MLU. Many women are choosing to attend the alongside MLU in Pinderfields in preference to the stand alone MLU in Pontefract. This is despite the Pontefract MLU having been promoted. Wakefield CCG are developing proposals with

the Trust to look at how the services may be reconfigured in the future with proposals to increase the numbers of homebirths, improve the range of women's services in a 'Pontefract Hub' and maintain antenatal and postnatal care locally and relocate births to Pinderfields or consider a reduced hours birthing service.

The Senate will answer the above questions based on the information provided in the documentation 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 end June 2019

Receive the evidence and distribute to review team: evidence received Friday 12th July 2019. Requested additional evidence which was received on 30th July and 16th August

Meetings and Teleconferences:

- **Council discussion** on the proposals at the 17th July meeting and Council comments fed into panel discussions.
- **Clinical Panel teleconferences on** Friday 26th July and Tuesday 30th July and Friday 30th August
- Further clinical panel discussion by email discussion

Draft report submitted to commissioners: 9th September 2019

Commissioner Comments Received: within 10 working days of the draft report being received

Senate Council ratification: with final edits at the September Council meeting : 19th September 2019

Final report agreed: following Council ratification

Publication of the report on the website: within 8 weeks of ratification by the Senate Council

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 considered the following key evidence:

Received 12th July

- Maternity Services in Wakefield District; Independent analysis of engagement carried out by NHS Wakefield Clinical Commissioning Group and Mid Yorkshire Hospitals NHS Trust, May 2019
- The Deliberative Clinical Event Outcomes Paper and accompanying slides
- The communications plan from the public and patients' engagement (PPE) team
- PPE team document containing information on maternity services from the Quality Intelligence Group
- The draft Standard Operating Procedure (SOP) for the potential On-Demand Unit.

Received 30th July

- Response to the Clinical Senate Questions dated 26th July 2019
- Birth Centre Operational Policy
-

Received 16th August

- Clinical Senate Supplementary Questions August 2019
- Operational Plan, Bronte, Friarwood and Pinderfields Birth Centres dated June 2019

Received 5th September

- Response to supplementary Questions requested from the Clinical Senate September 2019.

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

Appendix B

Yorkshire and the Humber Clinical Senate

Clinical Senate Review for Wakefield CCG on Pontefract Freestanding Midwifery Led Unit (part 1)

Final Version 1.0 (without appendices)

May 2019

Clinical Senate Reviews are designed to ensure that proposals for large scale change and reconfiguration are sound and evidence-based, in the best interest of patients and will improve the quality, safety and sustainability of care.

Clinical Senates are independent non- statutory advisory bodies hosted by NHS England. Implementation of the guidance is the responsibility of local commissioners, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of access. Nothing in the review should be interpreted in a way which would be inconsistent with compliance with those duties.

Yorkshire and the Humber Clinical Senate
England.yhsenate@nhs.net

Date of Publication: 22 May 2019

Version Control

Document Version	Date	Comments	Drafted by
0.1	April 2019	First draft based on emailed comments and teleconference discussions	Jo Poole
0.2	April 2019	Second draft incorporating comments from the panel	Jo Poole
Final Draft	April 2019	Formatting	Jo Poole
Final Version	May 2019	No further comments from Council or commissioners – report finalised	Jo Poole

Chair's Foreword

1.1 The Yorkshire and the Humber Clinical Senate thanks Wakefield CCG for involving the Senate early in their discussions on the potential solutions for Pontefract Midwifery Led Unit. I hope it has been valuable to bring an independent clinical perspective to the Case for Change at this early stage to consider the issues and opportunities you need to consider as you move forward with this work. I would like to thank the expert clinicians and lay members who have worked with us on this review.

1.2 We have focused our attention on the areas of risk and concern and the opportunities for you to consider in the development of your proposals. We would be very happy to work with you again at the point at which you have some preferred options for consideration.

Professor Chris Welsh, Chair of the Yorkshire and the Humber Clinical Senate

2. Summary of Key Recommendations

2.1 The Senate confirms that the Case for Change for Pontefract MLU is well made and has our support. We recommend that the following risks, issues and concerns are considered before commissioners determine potential solutions for the MLU:

- To further analyse the pressures on the staffing of maternity services for the whole population served by Mid Yorkshire Hospitals NHS Trust, and the maintenance of staff skills, to ensure these are addressed in the future model of service.
- To work with the Local Maternity System to comprehensively analyse the capacity across the Mid Yorkshire Hospitals NHS Trust maternity service, taking into account housing expansion, birth rate and acuity, to demonstrate the ability to manage the future demand in maternity services.
- To explain the position of Dewsbury MLU more clearly within your future presentation of Mid Yorkshire NHS Hospitals Trust maternity services, and to reflect your engagement with the Local Maternity System to show how the regional opportunities for the MLU has been taken into account.
- To analyse the finalised patient and staff engagement to fully understand the factors that influence patient choice and to help you to support staff in the service changes.

3. Background

Clinical Area

3.1 The maternity service provided by Mid Yorkshire Hospitals NHS Trust (MYHT) comprises of three midwifery led units (MLUs), a high risk labour ward (Obstetric Unit), ante and post natal wards, triage department, three antenatal day units, antenatal facilities and community teams. The service also supports home births.

Pinderfields Hospital	Pontefract Hospital	Dewsbury District Hospital	Homebirths
Consultant Led Unit (obstetric unit) Alongside Midwife Led Unit	Freestanding Midwife Led Unit (Friarwood Birth Centre) 4 rooms (1 staffed room)	Freestanding Midwife Led Unit (Bronte Birth Centre) 4 rooms	Provided by Community Midwife service

3.2 Pontefract MLU is underutilised and the number of births there has been consistently lower than anticipated since the unit opened and significantly below the 500 births recognised as the minimum number of births considered to be required to operate a sustainable MLU. Many women are choosing to attend the alongside MLU (AMLU) in Wakefield's Pinderfields Hospital in

preference to the freestanding MLU (FMLU) in Pontefract. This is despite the promotion of the Pontefract service. Wakefield CCG are developing proposals with the Trust to look at how the services may be reconfigured in the future with proposals to increase the number of home births, improve the range of women's service in a Pontefract Hub and maintain antenatal and postnatal care locally and relocate births to Pinderfields Hospital.

Role of the Senate

3.3 The advice from the Senate will be used by Wakefield commissioners, in partnership with Mid Yorkshire Hospitals NHS Trust, to inform the development of the options for the FMLU at Pontefract as part of an overall strategy for maternity services across the Trust prior to public consultation if this is required.

3.4 In their discussions the Senate has focused on providing a response to the following question:

- *What risks, issues, opportunities or concerns does the Senate advice the commissioner to consider before determining potential solutions for the MLU at Pontefract Hospital. Please focus on whether there are any options, evidence or learning from other sites that could be considered.*

Process of the Review

3.5 The Terms of Reference were agreed on 1st February and are available at Appendix 3. The supporting documentation was received by the Senate and distributed to the Clinical Panel in late January. During February the Senate expert panel shared comments on the documents by email and supplemented this with several clinical discussions by teleconference. A meeting was held with commissioners and clinical representatives on 27th March 2019 to provide opportunity for a robust clinical discussion and to further improve our understanding of the proposals. The agenda and list of those who attended the meeting can be found at Appendix 5. The meeting was held at the Pontefract MLU which gave opportunity for some of the panel members to view the facility. Once consensus was reached on the draft report it was sent to the commissioner for comment on 30th April.

3.6 Commissioners are given 10 working days to respond with any comments on the accuracy of the report. The report is to be ratified by the Senate Council at their May meeting and published within 28 days of ratification.

4. Evidence

4.1 The 'National and Regional Context' section of the Case for Change sets out the national maternity strategy including the National Maternity Review[1], Better Births[2] and the Maternity Transformation Programme[3] and we agree that the key national strategic drivers have been considered within your Case for Change. The as yet unpublished 'Better Newborn Care' guidance

[1] National Maternity Review commissioned by NHS England

[2] National Maternity Review: Better Births. Improving Outcomes of Maternity Services in England. A Five Year Forward View for Maternity Care

[3] Maternity Transformation Programme

will also need to be taken into account in the development of proposals for the maternity services across the Trust. Neonatal services are inextricably interdependent with maternity services and ensuring that the implementation of both transformation plans remains coordinated and proceeds together will be an important consideration in regional and local planning.

4.2 The Senate also notes the reference in the Case for Change to the recent analysis by NHS England and NHS Improvement showing the average low utilisation rate for freestanding MLUs which concluded that almost all freestanding MLUs were not using their full capacity and reported relatively high costs per birth (compared to the standard tariff). We agree that the issues with low usage and higher cost per birth at Pontefract MLU reflect the experience of many freestanding MLUs across the country.

5. Recommendations

5.1 The Senate has been asked to consider what risks, issues, opportunities or concerns we advise the commissioner to consider before determining potential solutions for the MLU at Pontefract Hospital. The following section groups these risks, concerns and issues under 6 headings before considering the opportunities and alternative models that commissioners may wish to consider.

Workforce

5.2 You have been very clear in your communications with us that this Case for Change is driven by underutilisation of the Pontefract MLU and not driven by workforce challenges, however, those national challenges in maternity staffing are reflected in MYHT and are evident throughout the Case for Change. The Senate panel raised many questions with you about the staffing model which were largely addressed in discussion.

5.3 The key points to draw out from those discussions are:

- The Pontefract MLU is staffed by 1 midwife and 1 Health Care Assistant rostered 24/7. The midwife is supported by an on-call community midwife when there is a woman admitted in labour.
- The Trust are currently carrying 14 vacancies across the midwifery service. Although this seems high, panel members felt this was comparable to other areas. Uncertainty about the future is contributing to issues with staff retention.
- Staff pressures are most acute on the Pinderfields site and midwives from Dewsbury and Pontefract have been re-deployed to Pinderfields on a number of occasions leading to the closure of those units. Although the closure of Pontefract MLU will allow more efficient and effective use of staff we are in agreement that it will not solve the staffing shortfall at Pinderfields.
- We understand that an age profiling document has been produced but this is yet to be analysed and we are agreed that this will be helpful in your assessment of the workforce.
- Staff from Pontefract do rotate to Pinderfields to maintain skills but although this is regular it is not often. It was noted in the staff response that 1/3 of responding staff say that the level of activity in their place of work does not allow them to maintain their skills.
- The funded number of midwives to births is 1:28 which meets national guidance but as this is across all sites it perhaps does not reflect the staffing pressures at Pinderfields. 59% of responding staff in the survey felt that safety or patient experience could be improved in their work area, with staffing levels and the stability of staffing cover cited as the main reasons for this.

- The case for change states that an increase in home births could be met within existing resources but we do not have the detail on how that can be achieved.

5.4 There are a number of issues with stability of staffing cover and maintenance of skills and the Senate advises that the issues with the workforce need further consideration in this proposal to be assured that these are best addressed in the proposed model.

Recommendation:
To further analyse the pressures on the staffing of maternity services for the whole population served by Mid Yorkshire Hospitals NHS Trust, and the maintenance of staff skills, to ensure these are addressed in the future model of service.

Travel, Transfers and Transport

5.5 The Senate understands that during public engagement 93% of those who responded travelled by car to the Pontefract unit and you have confirmed that the impact of any changes to Pontefract will not be an issue for the ambulance service and public transport. The ambulance service has confirmed this in your discussions with them. There would be a reduction in the ambulance requirement as 40% of labouring women who currently attend the Pontefract unit are transferred by ambulance to Pinderfields.

5.6 Due to the high percentage of the public travelling by car commissioners will need to consider any associated issues for the public of the availability of parking at Pinderfields and the parking charges that apply.

5.7 The Senate questioned whether there may be an increase in unintended home births as a result of this proposal and what impact this will have on ambulance services and community midwifery staff. With previous closures of the service however there was no change to the Births by Ambulance rate in other months. The postcode analysis also demonstrates that Pontefract women are preferring to birth at Pinderfields birth centre and plan their journeys into hospital accordingly.

5.8 The Senate concerns in this area have been addressed during discussion.

Capacity and anticipated knock-on effects

5.9 Pinderfields is a very busy unit and the Senate raised concerns about the ability of Pinderfields to cope with the additional number of births from the Pontefract unit. We are in agreement that as the number of births is low, 147 in 2018, this can be accommodated by Pinderfields within the normal variation of annual births.

5.10 We advise however that more needs to be done to give confidence that there is the capacity across the system to meet the current and growing demand. The housing in the area is being expanded considerably and we are not clear that this has been adequately considered. It would also be helpful to consider this alongside a birth rate summary over the last 5 years and projected birth rate figures.

5.11 Part of the reason for the decline in usage at Pontefract is the increasing acuity in the profile of women giving birth within the area due to factors like obesity and women giving birth at a later age. This is putting more pressure on the obstetric unit and this factor also needs consideration when assessing future demand.

5.12 Pinderfields is a very busy unit and all parties need to have confidence that sufficient projections have been done with regards to future demand to assess the ability of the workforce and estate to manage that. This needs to be more explicit within the proposals.

5.13 In other discussions you have confirmed that Pinderfields MLU offers the same facilities for women as are available at the Pontefract site and that your proposals will ensure good access to mental health services and other services like breast feeding support.

Recommendation
To work with the Local Maternity System to comprehensively analyse the capacity across the Mid Yorkshire Hospitals Trust maternity service, taking into account housing expansion, birth rate and acuity, to demonstrate the ability to manage the future demand in maternity services.

Safety and risk
5.14 Pontefract unit FMLU currently only books low risk women with no underlying health problems, who do not request epidurals and those without complications in pregnancy or complications in previous births. This is a challenging demographic however and a third of women who deliver at the unit at Pontefract live in areas that are considered to be in the most deprived 20% in England. Approximately 40% of women were transferred from Pontefract MLU to Pinderfields, a combination of intrapartum and postnatal transfers. This is within the range of transfer rates for freestanding MLUs but above the average transfer rate. Closure of Pontefract as a birth centre, although increasing travel times for a number of women, would in the opinion of the Senate, improve patient safety as there would no longer be the risks associated with transfer of a large proportion of the women from the FMLU to the obstetric unit.

Engagement with staff and the public
5.15 We understand that the public and staff engagement has now closed and the final engagement report will be completed soon. It will be helpful for commissioners to analyse that information to really understand the reasons why less than half of those women surveyed did not make Pontefract MLU their first choice of birth and to understand what women want for their birth experience. Understanding the factors that influence patient choice need to be teased out further from this engagement to help commissioners inform their next steps.

5.16 One issue that has come up in our Senate discussions has been the potential impact the closures of Pontefract MLU services have on public confidence in the Pontefract service which in turn has affected the usage of the service. This may be a minor issue in comparison to the public preference to give birth in an alongside MLU however we agreed that it would be useful to assess this in the consultation.

Recommendation
To analyse the finalised patient and staff engagement to fully understand the factors that influence patient choice and to help support staff in the service changes

Wider Trust and regional perspectives
5.17 Within the case for change the activity at Dewsbury MLU is presented but not discussed in any detail. As the activity for this freestanding MLU is also below the 500 annual births figure, and is part of the same Trust, we advise that the rationale for Dewsbury remaining viable, whilst Pontefract is not, is made much clearer. In discussion you confirmed that the Dewsbury hospital

serves a different community and as a result of the piloting of a continuity of carer scheme Dewsbury MLU activity is increasing with currently twice as many births as the Pontefract MLU.

5.18 Commissioners will also wish to consider ensuring that the engagement with the Local Maternity System is also reflected in your proposals to demonstrate that all the regional opportunities (e.g. for marketing Pontefract within West Yorkshire) have been explored.

Recommendation
To explain the position of Dewsbury MLU more clearly within your future presentation of Trust maternity services, and to reflect your engagement with the LMS to show how the regional opportunities for the MLU has been taken into account.

Opportunities and Alternative Models of Delivery

5.19 At this early stage in the discussion you have not yet developed fully worked up proposals for any alternative models for the service as you need to be informed by the outcome of the public engagement. In the next stages the Trust and commissioners need to start considering the potential solutions and you asked the Senate to consider alternative models for the MLU in our response to you.

5.20 No change to the service must be an option for the future although it is not cost effective to continue with the current level of utilisation. Other options you may wish to consider are as follows but we recommend that you draw on the experience of other areas like Ingleside, Birmingham, Lisburn and the Wirral:

- Developing the Pontefract MLU as a continuity of carer hub with a birth centre. With the success of the Dewsbury continuity of carer model this does need to be considered to drive up demand in Pontefract although we recognise that there will need to be investment in staffing at Pontefract to enable this model to work.
- Developing the Pontefract MLU as a region wide facility and expanding the services it provides. Commissioners may wish to consider the National Children's Trust report which explores how provision of antenatal and postnatal care and other services, such as parent education, child health, family planning and well woman clinics, can also contribute to the income for a free-standing birth centre.[4]
- There are other examples across the country of freestanding MLUs who have changed the hours of operation to a pop up model or limited the hours of opening overnight.
- The 4 rooms at the MLU are a fantastic resource and there is opportunity to use these as a community hub, offering mental health services along with antenatal and postnatal services if the MLU is closed. Commissioners would need to ensure all the co-dependencies associated with the decision for antenatal and post-natal care to remain onsite have been considered. There may be opportunity to attract funding in the national maternity transformation programme.

[4] *MIDWIFE LED UNITS, COMMUNITY MATERNITY UNITS AND BIRTH CENTRES, National Children's Trust (NCT) November 2011*

5.21 There are positive messages to give to the public in your ongoing dialogue with them about the options for the future and within that to include the messages about the safety of the current services (including the current 40% transfer rate), the sustainability of this service due to the low usage, and the choice of place of birth that will remain locally. Similarly, there are opportunities for staff in their professional development which need to be highlighted in discussion.

6. Summary and Conclusions

6.1 The Senate confirms that the Case for Change for Pontefract MLU is well made and has our support. We advise that commissioners need to prioritise both consideration of the staffing pressures and maintenance of staff skills and the longer-term capacity in the system to manage growing demand across the MYHT maternity services, before determining the possible solutions for the service. The capacity analysis needs to take into account the housing growth, birth rate and complexity of the women giving birth to clearly assess the ability of the workforce and estate to manage the demand.

6.2 We also recommend that commissioners further analyse the results from their patient and staff engagement to understand the factors that influence patient choice and how best to support staff as services develop.

6.3 In the future presentation of this work we advise commissioners to explain the position of Dewsbury MLU more clearly and reflect your engagement with the LMS to show how the regional opportunities for the MLU has been taken into account.

6.4 There are opportunities for this service in the future which need to be explored and can include, but are not limited to, a pop up style service, limited hours service, continuity of carer hub and expansion of community services. We are very happy to support commissioners and the Trust once these options have been fully developed to help assess whether they are suitable solutions for this service.

(Appendices not included)