NHS
Yorkshire and the Humber
Clinical Senate

# Clinical Senate Review for Wakefield CCG on Pontefract Freestanding Midwifery Led Unit

Final Version 1.0

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.

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Yorkshire and the Humber Clinical Senate
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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) | Freestanding Midwife Led Unit | Freestanding Midwife Led Unit (Bronte Birth Centre) | Provided by Community Midwife service |

| | | | |
|---|---|---|---|
| Alongside Midwife Led Unit | (Friarwood Birth Centre)<br><br>4 rooms (1 staffed room) | 4 rooms | |

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 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:

[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

- 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.

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.

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

## 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

## Appendix 1

# LIST OF INDEPENDENT CLINICAL REVIEW PANEL MEMBERS

| | | |
|---|---|---|
| Dr Pnt Laloe (chair) | Council member and Consultant Anaesthetist | Calderdale & Huddersfield NHS FT |
| Paul Shannon | Consultant Obstetric Anaesthetist | Doncaster Royal Infirmiary |
| Dr Karen Selby | Consultant in Obstetrics & Gynaecology & Deputy Clinical Director | Sheffield Teaching Hospitals |
| Mr Ray Chaudhuri | Consultant in Obstetrics & Gynaecology | Barnsley Hospital |
| Janet Cairns | Head of Midwifery | Hull University Teaching Hospitals NHS Trust |
| Mrs Jane Allen | Consultant Obstetrician & Gynaecologist & Clinical Director for Women's Health | Hull University Teaching Hospitals NHS Trust |
| Sally Franks | GP and Senate Council Member | Leeds |
| Paula Schofield | Nurse Director & Head of Midwifery | Sheffield Teaching Hospitals |
| Sue Cash | Lay member | |
| Margaret Wilkinson | Lay member | |

## Appendix 2

# PANEL MEMBERS' DECLARATION OF INTERESTS

None declared

## Appendix 3

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# 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:** Michele Ezro Associate Director – Acute Commissioning and Joanne Poole, Senate Manager, Yorkshire and the Humber Clinical Senate

**Date:** 28th January 2019

## 1. CLINICAL REVIEW TEAM MEMBERS

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

**Citizen Representatives**: Jean Gallagher, Sue Cash and Margaret Wilkinson

**Senate Review Clinical Team Members:**

| | | |
|---|---|---|
| Paul Shannon | Consultant Obstetric Anaesthetist | Doncaster Royal Infirmiary |
| Dr Karen Selby | Consultant in Obstetrics & Gynaecology & Deputy Clinical Director | Sheffield Teaching Hospitals |
| Mr Ray Chaudhuri | Consultant in Obstetrics & Gynaecology | Barnsley Hospital |
| Janet Cairns | Head of Midwifery | Hull University Teaching Hospitals NHS Trust |
| Mrs Jane Allen | Consultant Obstetrician & Gynaecologist & Clinical Director for Women's Health | Hull University Teaching Hospitals NHS Trust |
| 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:

What risks, issues, opportunities or concerns does the Senate advise the commissioner to consider before determining potential solutions for the midwifery led unit at Pontefract Hospital. Please focus on whether there are any options, evidence or learning from other sites that could be taken into account.

**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 inform the development of the options for the midwifery led unit at Pontefract Hospital as part of an overall strategy for Maternity Services across the Trust prior to public consultation if this is required. In particular in the next steps section of the Trust's case for change there are a number of issues the CCG has asked to be considered, as follows:

- Changes to the local population including health and social-economic factors which may affect demand for maternity services;
- Factors affecting women's choice of birthplace;
- Factors affecting women's choice of an alongside MLU over a freestanding MLU;
- The impact of closures of the Pontefract Birth Centre antenatal bookings;
- Opportunities for joint working with LMS partners;
- Alternative service models utilised by freestanding MLUs including those that may have a similar number or fewer births than in Pontefract;
- Detailed analysis of Public Health data and this correlation to birth place options;
- Capacity at Pinderfields for future increases in demand/changes to practice; and
- Midwifery workforce related impacts.

The Clinical Senate are asked to provide advice as well as learning from other areas to inform the development of this information.

**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.

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 1st February 2019

**Receive the evidence and distribute to review team**: w/c 28th January 2019

**Meetings and Teleconferences:**

- The first Clinical Panel discussions 11th and 15th February 2019
- Meeting with commissioners and Trust leads - 27th March 2019, meeting agenda and attendance
- **Draft report submitted to commissioners**: end April 2019

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

**Senate Council ratification**; at the May 2019 Council meeting or ratification by email if earlier ratification required

**Final report agreed:** following Council ratification

**Publication of the report on the website:** to be agreed with commissioners

## 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:

- The Trust's case for change
- The CCG's paper that was discussed at Governing Body on 15th January 2019
- The CCG's Engagement Plan

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

**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 4

# EVIDENCE PROVIDED FOR THE REVIEW

The CCG and Trust provided the following documentation to the Senate for consideration:

- Mid Yorkshire Hospitals NHS Trust Pontefract Freestanding Midwife Led Unit Case for Change
- The CCG's paper that was discussed at Governing Body on 15th January 2019
- The CCG's Engagement Plan
- Pontefract FMLU – Q and A Information for Clinical Senate
    - Annex A - Maternity Services in Wakefield District Staff Survey
    - Annex B – Closure Data for Friarwood Birth Centre
    - Annex C - Maternity Services in Wakefield District, Mid Engagement update from The Campaign Company 12th March 2019
    - Annex D - Minutes of the Public Involvement and Patient Experience Committee, 6th December 2018

## Appendix 5

NHS
Wakefield
Clinical Commissioning Group

# FRIARWOOD (PONTEFRACT) FMLU CLINICAL SENATE MEETING AGENDA

## WEDNESDAY 27TH MARCH

## 9.00am – 11.00am

**Education Room, Pontefract MLU, Pontefract Hospital, Friarwood Lane, Pontefract WF8 1PL**

| Time | Item | Lead |
|---|---|---|
| 9.00 | Welcome and Introductions | Michele Ezro |
| 9.05 – 9.15 | Update and High Level Summary of Case for Change | Alison Grundy<br>Yvonne Rowlan |
| 9.15 – 10.15 | Discussion:<br>• Workforce<br>• Travel<br>• Capacity and anticipated knock-on effects<br>• Safety and risk<br>• Engagement: staff, patients, LMS, politicians<br>• Wider Trust and regional perspectives<br>• Alternative models of delivery | All |
| 10.15 – 10.20 Break | | |
| 10.20 – 10.35 | Panel discussion (just the Clinical Senate Members separately | Separate discussion for panel to discuss the report and key themes |

| | | |
|---|---|---|
| 10.35 – 10.55 | Feedback and discussion on anticipated report content | All |
| 10.55 - 11.00 | Summary, next steps and close | Pnt Laloe/Michele Ezro |
| **List of attendees** | | |
| **Clinical Senate** | | |
| Dr Pnt Laloe | Council member and Consultant Anaesthetist (Chair for this review) | Calderdale & Huddersfield NHS FT |
| Margaret Wilkinson | Lay member | |
| Mr Ray Raychaudhuri | Consultant in Obstetrics & Gynaecology | Barnsley Hospital |
| Janet Cairns | Head of Midwifery | Hull & East Yorkshire Hospitals NHS FT |
| Paula Schofield | Nurse Director & Head of Midwifery | Sheffield Teaching Hospitals |
| Joanne Poole | Senate Manager | Yorkshire and the Humber Clinical Senate<br>NHS England North |
| **Mid Yorkshire Hospitals NHS Trust (MYHT)** | | |
| Alison Grundy | Director of Operations Families and Clinical Support Services | MYHT |
| Yvonne Rowlan | Assistant Director of Nursing and Midwifery | MYHT |
| Kay Duxbury | Deputy Director of Operations<br>Families and Clinical Support Services | MYHT |
| June Lee | Matron for Outpatient Services | MYHT |
| Lisa Dennison | Birth Centre and Community Team Leader | MYHT |
| **NHS Wakefield CCG (WCCG)** | | |
| Jo Webster (by telephone) | Chief Officer NHS Wakefield CCG | WCCG |
| Michele Ezro | Associate Director Commissioning and Integration | WCCG |
| Ruth Unwin | Director for Corporate Affairs | WCCG |
| Dr Debbie Hallott | NHS Wakefield District GP and CCG Governing Body Member | WCCG |

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| Tracy Morton | Senior Transformation Manager Women's, Paediatrics & Maternity | WCCG |
| **Local Maternity System (LMS)** | | |
| Karen Poole | Programme Lead | West Yorkshire & Harrogate LMS |