AUDIT AND GOVERNANCE COMMITTEE

FINAL REPORT

HIGH QUALITY MATERNITY SERVICES AND ELECTIVE SURGERY AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL SITE

FEBRUARY 2019

HARTLEPOOL BOROUGH COUNCIL

AUDIT AND GOVERNANCE COMMITTEE

14 February 2019

Report of: **Audit and Governance Committee**

Subject: HIGH QUALITY MATERNITY SERVICES AND ELECTIVE SURGERY AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL SITE - FINAL REPORT

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1. PURPOSE OF REPORT

1.1 To present the findings of the Audit and Governance Committee's investigation into the provision of 'High Quality Maternity Services and Elective Surgery at the University Hospital of Hartlepool Site'.

2. SETTING THE SCENE

2.1 As part of the requirements of the Health and Social Care Act 2012, the Council's Audit and Governance Committee explored potential issues for investigation under its statutory health scrutiny responsibilities.

2.2 In considering potential topics, Members reiterated concerns regarding the impact of changes to services from the University Hospital of Hartlepool (UHH) and the potential impact of changes that may result from the ongoing Sustainability Transformation Plan (STP)[1] / Integrated Care System (ICS) process.

2.3 Of the changes implemented in recent years, it was clear that those made to maternity services were particularly emotive for residents of Hartlepool. This, together with an acknowledgement that the provision of maternity services had been raised as part of the development of the 'Hartlepool Matters' and the ongoing STP / ICS process, reinforced the importance of this issue as a topic for more detailed investigation. The Committee was also aware of issues raised in the 'Hartlepool Matters' report relating to the take up of elective surgery services and the subsequent recommendation that 'options be explored to increase the levels of planned surgery undertaken on the site'.

2.4 In response to the above, the Audit and Governance Committee approved a two part investigation into the provision of high quality maternity and elective surgery services at the UHH, as its primary focus for 2017/18. It was, however, recognised that the duration of the investigation may need to be extended into 2018/19 to allow both issues to be explored fully.

[1] Durham, Darlington, Teesside, Hambleton, Richmondshire & Whitby Sustainability Transformation Plan (STP)

3. OVERALL AIM OF THE SCRUTINY INVESTIGATION

3.1 To examine how a high quality integrated service can be provided for Hartlepool residents, focusing on high quality maternity and elective surgery services from the University Hospital of Hartlepool Site (UHH).

4. MEMBERSHIP OF THE AUDIT AND GOVERNANCE COMMITTEE

4.1 The membership of the Audit and Governance Committee was as detailed below:-

Councillors Belcher, Cook, Hall, Hamilton, Lindridge, Loynes and Tennant. Standards Co-opted Members; Mr Stan Cronin, Mr Norman Rollo and Ms Clare Wilson.

5. TERMS OF REFERENCE AND METHODS OF INVESTIGATION

5.1 Members of the Audit and Governance Committee met formally during 2017/18 to discuss and receive evidence relating to its investigation. A detailed record of the issues raised during these meetings is available from the Council's Democratic Services and a summary of the terms of reference and methods of investigation are outlined in **Appendix 1**.

6. FINDINGS - MATERNITY SERVICES

6.1 HOW ARE MATERNITY SERVICES CURRENTLY PROVIDED

6.1.1 As a starting point for the investigation, the Committee considered how maternity services are provided across the North Tees and Hartlepool NHS Foundation Trust (the Trust) and gained an understanding of the variation in provision between the University Hospital of Hartlepool (UHH) and the University Hospital of North Tees (UHNT).

6.1.2 The Committee learned that maternity services were delivered in a number of forms across the Trust:

- Obstetric Unit **(provided at UHNT)**;
- Alongside midwifery unit **(provided at UHNT)**;
- Freestanding Birthing Centre (has no Consultants on site and is also known as a Midwife-led unit) **(provided at UHH)**; and
- Home births **(support provided from both UHH and UHNT)**.

6.1.3 Definitions of each being:

- Obstetric Unit (OU): Traditional Labour Ward – Consultant led
- Alongside Midwifery Unit: separate facility with birth rooms for low risk women to give birth, adjacent to an OU.

- Free-standing Midwifery Unit: separate facility with birth rooms for low risk women to give birth but at another geographical location, ambulance journey to OU.

6.1.4 Looking in greater detail at the level, and type, of maternity services available, the Committee was advised of wider package of maternity services were delivered as part of the Community Hub approach. Detailed as follows:-

University of Hartlepool Hospital

i) Midwife led Birthing Unit - Service include the four en-suite birthing rooms which offered a variety of birthing experience (i.e. one with a birthing pool and one active birthing room, offering alternatives to traditional delivery).
ii) First contact in early pregnancy with expectant mothers / antenatal and postnatal assessments.
iii) Antenatal Consultant led clinics - Consultant Led obstetric clinics for high risk pregnancy i.e. Diabetes, and Twins, supported by Specialist Midwives. All aspects of antenatal care are delivered in Hartlepool.
iv) Midwifery Led Assessment Unit; Monday to Friday (08:30-17:00)
v) Obstetric ultrasound scan service.
vi) Antenatal screening services (including glucose tolerance tests, screening bloods, Nuchal scans and specialist growth scans; Baby Clear and active intervention).
vii) Community Midwifery service based at Hartlepool Hospital.

University of North Tees

i) Consultant led, Obstetric unit with alongside midwifery–led care fourteen delivery rooms (one including a birthing pool), all offering a variety of birthing options and en-suite rooms; four rooms dedicated to midwifery led low risk care. Two high risk antenatal rooms and Two dedicated bereavement rooms for families.
ii) 24 hour Anaesthetic cover and epidural service.
iii) Two designated Obstetric Operating theatre.
iv) Neonatal intensive care unit to support any baby that requires additional help; (this is now a special care baby unit serving babies above 30 weeks, babies needing intensive care will be stabilised and transferred to James Cook University Hospital (JCUH)).
v) Consultant led Antenatal Clinics for high risk pregnancies, supported by Specialised Midwives.
vi) Community Drop-in Clinics, based at children centres and University Hospital of North Tees.
vii) Day Assessment Unit; (Seven days week service weekdays 09:00-21:30/ weekends 09:00-17:00.
viii) Inpatient services. 28 bed Antenatal/Postnatal ward.
ix) Obstetric Ultra Sound service.
x) Community Midwifery Service based at Children Centres.

6.1.5 The Committee noted with interest the breadth of services provided and the variety of locations (hospital and community) within which they are accessed, as detailed in **Table 1** over the page.

Table 1 - Hartlepool Planned Contacts

Weeks of pregnancy (approximately)	Type of contact	Location
10-12 weeks	Pre-Booking Appointment	Children's Centre Hartlepool & Hartlepool Birthing Centre
	Booking	Hartlepool Birthing Centre
	Dating scan/combined screening	University Hospital Hartlepool (UHH)
16 weeks	Home Assessment by Maternity Assistant to help the parents start to plan environment for the new baby.	Home
	Anomaly scan	UHH
24 weeks	Ante Natal check	Children's Centre Hartlepool/ Hartlepool Birthing Centre
28 weeks	Ante Natal check and Rhesus status/Antibodies for women with Rhesus negative blood group	Children's Centre Hartlepool/ Hartlepool Birthing Centre
31 weeks	Ante Natal check (1st pregnancy only)	Children's Centre Hartlepool/Hartlepool Birthing Centre
34 weeks	Ante Natal check	Children's Centre Hartlepool/ Hartlepool Birthing Centre
36 weeks	Birth plan completion	Children's Centre Hartlepool/Birthing Centre
38 weeks	Ante Natal check	Children's Centre Hartlepool/ Birthing Centre
40 weeks	Ante Natal check	Children's Centre Hartlepool/ Hartlepool Birthing Centre
41 weeks	Ante Natal check	Hartlepool Children's Centre/ Hartlepool Birthing Centre
Ante Natal Parent craft	**4 sessions are offered to all parents.**	Hartlepool Birthing Centre and Children's Centre Hartlepool
Post natal contacts (after the baby's birth)	3 -4 home visits depending on the need of the family with further visits scheduled to support breastfeeding if necessary.	Weekend Postnatal Clinic Hartlepool Birthing Centre, weekday Drop in postnatal clinics and Home Visits

6.1.6 The Committee identified that the primary difference between the UHH and UHNT was the availability on site of a team of obstetricians, anaesthetists, Paediatricians and theatre staff, to respond to needs as required. In addition to this, a special care baby unit was available at the UHNT to support any baby that required additional help.

6.1.7 It was noted that provision at UHH had changed in 2008, in response to the requirements of the Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care. This resulted in a reconfiguration of maternity services at both sites, with the removal of Consultants Obstetricians from Hartlepool and creation of a midwife led 'open when required' birthing centre. In 2013 a further requirement was introduced to provide a 98 hour on-site consultant presence in labour wards and it was highlighted that nationally the operation of midwife led units was seen as good practice and had been adopted by an increasing number of maternity units, as a means of delivering high quality locally delivered services.

6.1.8 In making the decision to open as required, the Committee queried the rational for keeping the unit open and welcomed an assurance from the Trust that the Community Hub approach provided the necessary continuity for mothers and ensured the appropriate levels of skill retention. This provided the sustainability required for the Birthing Centre at UHH on an 'open when required' basis.

6.1.9 Members reiterated the local view that services should be returned to the UHH, and that factors (i.e. staffing shortages and changing standards) which drive service change needed to be resolved without penalising local communities. It was, however, acknowledged that the requirements of these standards (i.e. Consultant numbers and their need to be location in proximity to other services in the event of delivery problems), meant that this was not feasible. However, increasing delivery numbers at the Hartlepool Birthing Centre remained a priority and options to achieve this are explored later in the report.

6.1.10 Clarification was provided that as a result of the absence of on-site Consultants, delivery in Hartlepool's Birthing Centre was restricted to low risk ladies only (assessed in accordance with NICE guidance). For these mums all delivery options were available, i.e.

- Home Birth (although the North East has a low home birth rate ≤1%);
- The Birthing Centre in Hartlepool;
- The midwife led unit at UHNT; and
- Consultant led, maternity unit at UHNT (also James Cook / Sunderland / Durham hospitals)

6.1.11 The Committee was assured that these choices were being made available to <u>all</u> eligible women. However, Members expressed concern that some mothers appeared to either not be offered the Hartlepool Birthing Centre or were being deterred from using it on safety grounds due to the potential for an emergency ambulance transfer, should problems occur.

6.1.12 In exploring the basis for these concerns, Members were informed that women are informed of the possibility of transfer during labour, and that this 'informed consent' is required to allow women to make an informed decision around their place of delivery. Members also learned that national statistics showed that 36 out of 100 first time mums, and 9 out of 100 second time mums, would undergo a transfer to hospital from a freestanding midwife led unit, as detailed in Table 2 below.

Table 2 - Transfer Numbers

Date from 'Which' Birth Choice

6.1.13 With the above in mind, it was acknowledged that how long an ambulance would take to get to the Birthing Centre, and the distance between UHH and UHNT, was a very significant concern for mums. In relation to this, Members discovered that the categories of response that the North East Ambulance Services (NEAS) was required to implement had been changed in October 2018:

Table 3 – NEAS Response Categories

Categories	Definition	National Standard	Meaning
Category 1	Time critical / life threatening event.	7 minutes mean response time 15 minutes 90th centile response time	On average calls will be responded to within 7 minutes 90% of calls will be responded to within 15 minutes
Category 2	Potentially serious condition.	18 minutes mean response time 40 minutes 90th centile response time	On average calls will be responded to within 18 minutes 90% of calls will be responded to within 40 minutes
Category 3	Urgent problems not immediately life threatening.	120 minutes 90th centile response time	90% of calls will be responded to within 120 minutes
Category 4	Less Urgent	180 minutes 90th centile response time	90% of calls will be responded to within 180 minutes

6.1.14 As well as calls being categorised from 1 to 4 there are occasions where calls within the same category require prioritisation. Where a situation arises where the Ambulance service was facing severe pressure from increased demand, NEAS will prioritise calls that are not from a 'place of safety' above calls from locations that are designated as 'place of safety' such as a GP practice or a Hospital.

6.1.15 Members were advised that maternity calls are assessed against these categories, in the same way as all other 999 calls, and depending on individual circumstances would most likely be Category 1 (On average responded to within 7 minutes). However, the location of the Birthing Centre at the UHH means that it is designated as a 'place of safety'.

6.1.16 Designation as a 'place of safety' subsequently means that if NEAS is under severe pressure, and not able to respond immediately to all Category 1 calls, patients not in a place of safety (e.g. road accident or at home) would be prioritised and the response time to the Birthing Centre maybe be above the average 7 minute response time. Members were concerned to learn that this was the case and emphasised the importance of being able to ensure the highest possible priority for response calls from the Birthing Centre, if mums were to be encouraged to deliver in the unit. To this end, the Committee supported an approach to the Hartlepool and Stockton NHS Clinical Commissioning Group (HaST CCG), as the commissioner of ambulance services, to renegotiate with NEAS to remove the designation of the Birthing Centre as a 'place of safety' and ensure the highest priority response time for calls from the Centre.

6.1.17 In addition to these concerns there appeared to be a perception that the Birthing Centre was in fact closed and a combination of these factors was resulting in a large number of even low risk Hartlepool mums, who would be eligible to use the Hartlepool Birthing Centre, preferring to use the midwife-led birthing centre

located alongside the conventional, consultant-led maternity unit. Further details of usage are outlined in Section 8 of this report, however, it was noted that there was a national reduction in the number of deliveries at midwife led units, with a cultural change in mothers deciding to go where there was full specialist support rather than a midwife led birth.

6.1.18 In relation to 'high risk' ladies, it was confirmed that delivery in the Hartlepool Birthing Centre was not an option and that these mums were required to go to a Consultant led unit, such as that at the UHNT. Members welcomed assurances that the majority of services leading up to, and following births, could still be accessed in Hartlepool by high risk mums and that low risk mums could access all their services with no need to travel out of town. However, whilst the importance of mother / baby safety was recognised by the Committee, disappointed was expressed at the need to restrict access and the implications of this on the number of eligible mums.

6.1.19 The Committee was keen to observe facilities in a number of locations, and explore best practice, and in doing so visited both the Hartlepool Birthing Centre and the freestanding birthing centre at Blackburn. Details of feedback from the visits are outlined in Section 12 of this report.

7. MATERNITY SERVICE – USAGE FIGURES AND PERFORMANCE

Usage Figures

7.1 Members were concerned to learn that the number of births at the UHH had dropped significantly between 2009 and 2018, following the transfer of the Unit from Consultant-led to a Midwife-led (as detailed in Table 4 below).

Table 4 - Births in University Hospital of Hartlepool[2]

Year	Total No. of Births	Births at UHH (Birthing Centre)	Hartlepool Births (at home of BBA)
2007-08 (Obstetric Unit at UHH)	379 (2008)		
2008-09 *(Midwife led Unit created)*	452 (2009)		
2009-10	301 (2010)		
2010-11	282 (2011)		
2011-12	235 (2012)		
2012-13	170 (2013)		
2013-14	133 (2014)		
2014-15	118 (2015)	96	22 (6 Home and 16 BBA[3])
2015-16 *(Birthing Team around the Centre created)*	42 (2016)	22	20 (4 Home and 16 BBA)
2016-17	24 (2017)	9	15 (4 Home and 11 BBA)
2017-18	18 (2018) (compared to 953 Hartlepool babies registered in Stockton[4])	3	15 (5 Home and 10 BBA)

[2] Data provided by NTHFT
[3] BBA – Birth before arrival / on route to hospital
[4] Data provided by Stockton Registration Service

7.2 It was noted that between April 2017 and January 2018, there had been 89 deliveries to women cared for by the Birthing Team in Hartlepool and of these 87 babies were born at UHNT and 2 at the Hartlepool Birthing Centre. Members emphasised the importance of continuity of care and welcomed an assurance that it was high priority for the Hartlepool Midwife Birthing Team. Concern was expressed, however, that as a result of staff sickness and vacant posts, only 36 of the 78 mums who delivered at the UHNT had been supported by Birthing Team midwives.

7.3 Members had gained an understanding of the factors that influence the eligibility of mums to deliver at the Birthing Centre and noted with concern the impact of a national increase in the number of women being seen with raised BMI, complex medical conditions, diabetes/gestational diabetes, pre-eclampsia, social deprivation and safeguarding issues. All of which resulted in the classification of mums as 'high risk'.

7.4 This increase in potentially high risk births was reflected regionally and had been another contributory factor in the reduction of mums eligible to deliver in a midwife birthing unit. It was also noted that the North East as a region has a very low home birth rate, with less than 1% of births at home.

7.5 In looking at the reasons for the reduction in the number of babies born at the Hartlepool Birthing Centre in more detail, Members concluded that whilst numbers reflected a national downward trend across standalone midwife led units, there were other contributory factors specific to Hartlepool. These being:

- The absence of a Consultant on site (although it was recognised that a Birthing Centre is a Midwifery Led Service with no consultant presence);
- A perception that the Birthing Centre is closed;
- Operation of the Centre on an 'open when required' basis (Centre not staffed);
- The potential need to be 'blue lighted' to UHNT in the event of a problem (connected to concerns in terms of ambulance response times / distance to UHNT); and
- A lack of promotion of the Birthing Unit with new mums (whilst recognising the need to be clear in terms).

7.6 Each of these factors contribute to a position where even low risk Hartlepool mums, who would be eligible to use the Hartlepool Birthing Centre, reluctantly agree to use the alongside midwifery unit at UHNT. As such, these factors needed to be addressed if the downward trend in birth numbers was to be turned round.

<u>Performance</u>

7.7 A key element of the investigation was to ascertain how local maternity services are performing. Members noted with interest that the Care Quality Commission's (CQC) inspection, published in March 2018[5], had given maternity services at

[5] https://www.cqc.org.uk/sites/default/files/new_reports/AAAG9921.pdf

both the UHNT and UHH an overall 'good' rating. This represented an improvement since the CQC's last inspection, in 2015.

7.8 Looking particularly at the UHH, Members welcomed indications that overall maternity services had improved, with the CQC finding that:-

i) Women and their families are protected from avoidable harm and abuse, with:

- Effective systems in place to report, investigate and share the learning from incidents; and
- The content of obstetric mandatory training continually monitored and adapted according to themes arriving from incidents.

ii) Women had good outcomes because they received effective evidence based care and treatment, which met their needs. The service has systems in place to ensure that staff has the right skills, knowledge and experience to provide effective care and treatment. Women and their families are supported to live healthier lives.

iii) Women and their families are supported and treated with dignity, respect, kindness and compassion.

iv) Services are tailored to meet the needs of individual women and their families and delivered in such a way, which ensured flexibility, choice and continuity of care.

v) The leadership, governance and culture within the service promoted the delivery of high quality person-centred care.

7.9 Concern was, however, expressed that whilst five out of six indicators were 'good', one area had been identified as 'requires improvement', as shown in Table 5 below.

Table 5 – CQC Ratings for University Hospital of Hartlepool (March 2018)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Maternity	Good →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Requires Improvement ↓ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Outpatients and Diagnostic imaging	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Requires Improvement Feb 2016	Good Feb 2016
Overall*	Good →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Requires Improvement →← Mar 2018	Good ↑ Mar 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

7.10 The area in question related to the responsiveness of the service and Members note with concern that the CQC felt that services were not being delivered in a way in which focused on women's holistic needs. The Committee also welcomed confirmation that the CQC shared its concerns that the choice women were offered to deliver at the birth centre was dependant on the ability of a second midwife to be released from the delivery suite at the University Hospital of North Tees. The Inspection report making specific reference to:-

i) Whilst there was some flexibility taken women's individual needs, this did not meet the needs of all those who requested to book at the birth centre, as women were only able to deliver there if staff could be released from the University Hospital of North Tees site; and

ii) Some women not being able to access services for assessment, diagnosis or treatment when they needed. The day assessment unit was open between 08.30 to 17.00 Monday to Friday; however, outside of these hours and weekends women were required to travel to the UHNT site.

7.11 Members were, however, pleased to hear the CQC's comments in support of the service in that:-

i) Care and treatment is coordinated with other services and other providers, including liaison with families and carers to ensure that all services were informed of any diverse needs that need to be addressed;

ii) Women and their families were confident that complaints would be treated with compassion, in an open and transparent way;

iii) All of policies and guidelines were based on current NICE guidance and the United Nations Children's Fund (UNICEF) baby friendly initiative had been implemented to support women in their feeding choices;

iv) There is good multidisciplinary working between medical and midwifery staff, with staff working closely with community services to ensure communication was as effective as possible;

v) Staff are consistent and proactive in supporting people to live healthier lives, with antenatal assessments identifying where support could be provided to improve the health and wellbeing of women and their families; and

vi) Messages coming through from patients were positive.

7.12 The Committee was reassured to learn that an action plan had been devised to respond to the issues identified in the inspection and that it was to be monitored by the CQC, with engagement with providers' right across the year to ensure there was no drifting in its delivery.

8. ADVICE AND GUIDANCE PROVIDED FOR MUMS

8.1 The Committee explored the role of information for expectant mums, and their right to be informed of all options in choosing where to have their baby, whether that be in a midwifery unit, at home or on a hospital labour ward. In doing so, Members noted examples of specific guidance:-

i) National Institute for Health and Care Excellence (NICE) Guidance – The guidance indicating that 'planning to give birth at home, or in a midwifery unit, is particularly suitable for women with straightforward pregnancies who have already had a baby'.

ii) Advisory Statement from 'Which' – The statement indicating that 'If you're a healthy first time mum and having a straightforward pregnancy, planning to give birth in a birth centre is particularly suitable for you because it's as safe for your baby as planning to give birth in a labour ward, and you're less likely to have medical interventions. Similarly, if this is your second, third or fourth baby then birth in a birth centre is as safe as giving birth in a labour ward but with a reduced chance of medical interventions.'

8.2 Members noted with interest that concerns regarding maternity services in Hartlepool had been reiterated during discussion as part of the formulation of the Hartlepool Matters Plan[6], with emphasis on the need to comply with NICE Guidance. The Plan suggesting that *'Jointly all commissioners and relevant providers of care for Hartlepool residents should make public all the facts and issues relating to the suitability of giving birth at Hartlepool Birthing Centre'*.

8.3 The Trust assured the Committee that information was provided in accordance with NICE Guidance and that pregnant women, at around 10-12 weeks, received information from the Birthing Team at the Pre Booking Appointment. One element of this information was a Birth Place Choices leaflet, public comments on which had been received by the Committee. Members noted comments / views that the leaflet was 'poorly designed, skewed to make mums choose a hospital birth and it did nothing at all to promote the Hartlepool birthing centre'.

Examples of residents concerns /comments (outside the survey):-

i) **Some mums are automatically ruling themselves out of using the Birthing Centre on the grounds that the leaflet states that you can't use Hartlepool if you have any medical conditions or concerns.** For one mum this had been clarified with the midwife, with an indication that she could go ahead with Hartlepool because her medical issues did not affect the baby's delivery. This position needed to be made clear in the leaflet provided.

ii) The pictures in the leaflet favour UHNT over UHH, with UHNT looking like a more professional environment.

[6] Hartlepool Matters Plan https://www.hartlepool.gov.uk/downloads/file/2709/hartlepool_matters

Examples of residents concerns /comments (continued):-

iii) Some mums find the leaflet confusing to say the least and would not have even considered questioning the information on the leaflet if it wasn't for family pressure to get answers.

iv) The ultimate deciding factor revolves around patient transfers in the event of emergencies:

- If a mum found herself in a situation where she needed to be transferred to hospital it would take approximately 30 minutes to go from UHH to UHNT. In addition to this, whilst ambulances would respond to a home delivery as a 'red call', the same would not apply to birthing unit mothers as they would be seen to be in a 'place of safety'.

- National statistics showed that 36 out of 100 first time mums, and 9 out of 100 second time mums, would undergo a transfer to hospital from a freestanding midwife led unit (the same type of unit as in UHH) act as a deterrent to mums.

8.4 From the evidence provided, it was clear to the Committee that the provision of effective advice and guidance for Hartlepool mums was essential in the provision of a personalised pathway of care, to meet their health and social needs. Members recognised the Trusts responsibility to ensure that prospective mums are fully aware of potential risks but reiterated the need for information and advice to be correctly balance risk against the need for promotion of the Centre (where appropriate). It was felt that the existing leaflet needed to be improved to achieve this, with a more balanced slant on the national statistics, in that 64% of first time mums, and 91% of second time mums deliver in freestanding units without the need to transfer. It was also suggested that the inclusion of reference to the fact that 98% of complications were not urgent, and could safely be transferred in 30-45 minutes[7], would be helpful in providing a more balanced approach.

9. WHAT WILL INFLUENCE SERVICE PROVISION IN THE FUTURE

9.1 During the course of the investigation, Members considered the reviews and standards that had and would in the future shape the provision of maternity services, including:

- The Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care (2007) referenced in Section 6.1.7 of this report; and
- The National Maternity Review (2016) which set out a vision for maternity care across England called 'Better Births'. The vision being to provide 'Safer, more personalised, kinder, professional and more family friendly maternity care across England; where every woman has access to information to enable her to make decisions about her care; and where she and her baby can access support that is centred around their individual needs and circumstances'.

[7] Data provided by Dr Walsh, Associate Professor in Midwifery at the University of Nottingham

- National Maternity Transformation Programme (to deliver the National Maternity reviews vision for 'Better Births') as part of which Local Maternity Systems were created to deliver local transformation.
- The Better Health Programme (BHP) – Feeding in to the work of the STP.
- Sustainability and Transformation Plan (STP) / Integrated Care System (ICS).
- NHS Ten Year Plan - A move towards a new service model in which patients get more options, better support, and properly joined-up care at the right time in the optimal care setting.

9.2 Of interest to the Committee were the recommendations of the National Maternity Review, and the work of the Local Maternity Systems, which drew attention to the need to focus on:

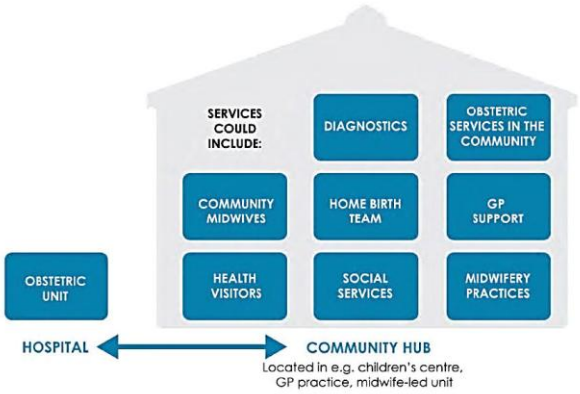
- Personalised care*
- Continuity of care*
- Safer care*
- Better postnatal and perinatal mental health*
- Multi-professional working*
- Working across boundaries*

*Full definitions detailed in **Appendix 2**.

9.3 Particular attention was drawn to the creation of 'community hubs' (as detailed in Diagram 6) commissioned to serve as a bridge between the local services and specialist care where needed, with the potential to:

- Act as a one stop shop, enabling women to access a range of services under one roof; and
- Provide a fast effective referral service to the right expert if a women and her baby needs to access more specialist services[8].

Diagram 6 - The Community Hub Model



9.4 In relation to the creation of a maternity hub model for Hartlepool, the Trust highlighted the following possible benefits:

- Midwives to spend more time in the Birthing Centre, increasing staffing levels and cover to enable it to be fully open during the day;

[8] Implementing Better Births – Resource Pack for Local Maternity Systems

- The Centre to be open every day, rather than on an 'open when required'. This removing a significant concern for mums in the need to call the unit when they go into labour; and
- Increasing familiarity / confidence in the Centre to encourage low risk mums to choose the Hartlepool Birthing Centre over the midwife led service at UHNT.

9.5 Members were interested in the potential for the creation of a 'maternity hub' based around the Hartlepool Birthing Centre, however, it was noted that emphasis on the provision of midwife appointments in the Centre, rather than home visits, did contradict the suggestion of mums who had responded to the survey undertaken as part of the investigation, Mums suggesting that the number of home visits be increased going forward. Further details of the results of the survey are outlined in Section 11 of the report.

9.6 In looking at programmes that are influencing the provision of services going forward, Members also noted that considerable work had and continued to be undertaken as part of the Better Health Programme and Sustainability and Transformation Plan (STP) / Integrated Care System (ICS). Members learned that data obtained as part of Better Health Programme pre-consultation research (June 2017) reinforced the view that mums prioritise the following in the services they receive:-

i) Antenatal and Postnatal Services:
- Availability of staff with the right skills and experience.
- Caring and compassionate staff.
- Having a range of different services available under one roof.
- Distance to travel.
- Having all of your care before and after giving birth led by the same small team of midwives.
- Flexible appointment times.
- Ease of access.

ii) Labour and Delivery
- Availability of consultant doctors.
- Range of pain relief available.
- Having your baby delivered by the same small team of midwives who provided care during pregnancy.
- Distance to travel to your delivery setting.
- Pleasant and relaxing environment.
- Facilities for birthing partners, including somewhere to stay.
- Availability of birthing pools.

iii) Preferences for delivery setting:
- Alongside midwife-led unit.
- Consultant-led unit.
- Standalone midwife-led unit.
- Home birth.

iv) Location of Services:
- Over half of respondents would expect to travel 16 to 30 minutes to a unit to give birth.

- A majority of women would be willing to travel further for specialist care should this be required.

9.7 The Committee welcomed indications that this data supported the evidence obtained as part of its investigation, with the availability of staff possessing skills and experience a key priority across antenatal and postnatal care, and labour and delivery. Members were surprised to find a preference for midwife-led delivery setting (over consultant led), but unsurprised that this related to alongside units' where there was easy access to Consultants and emergency services should they be required. It was noted that the split of views in terms of distance to travel was also reflected in Hartlepool, with it being either a very high priority or a very low priority across the whole maternity pathway.

9.8 In terms of the STP, the Lead Officer provided clarification in terms of progress both locally and nationally in relation to the Sustainability and Transformation Plan (STP) / Integrated Care System (ICS), with assurances that:-

i) The focus of the STP was the provision of the right balance of services, maintaining as many local services as **possible**, with a focus on continuity of one to one care with a midwife. There is however a recognition that there is a national shortage of midwives and Consultants.

ii) An action plan was being developed around personal choice for expectant mothers, with representatives from the clinical service, providers, Public Health England and two lay members sitting on a Board. Attention was drawn to the absence of elected member representation in the process and requested that consideration be given to the inclusion of a Member on the Board.

9.9 Most importantly, the Committee welcomed an assurance that whilst there were maternity workforce pressures across all Trusts, the consultant led service at North Tees Hospital, and the midwife led service at Hartlepool, would be maintained. There was no desire or intention to merge with the James Cook Hospital Unit to create a10,000 births a year unit.

10. VIEWS OF SERVICE USERS

10.1 An essential element of the investigation was the identification of the views and comments of service users. In doing this, the Committee considered information from a variety of sources.

NHS Friends and Family Test

10.2 Members learned that the NHS Friends and Family Test for Maternity Services were introduced in 2013, as an anonymous way for Mothers and Mothers to be to give feedback to service providers. Responses are collected for all North Tees and Hartlepool Maternity services, with the aim being to help service providers and commissioners understand whether Mothers are happy with the service provided, or to identify where improvements are needed.

10.3 A summary of the 96 responses received (covering the period March to November 2017) highlighted the continued support that exists for Hartlepool's midwives. This supported the anecdotal evidence received my Members and as expected highlighted negative feedback in relation to disappointment at not being able to deliver in the Birthing Centre.

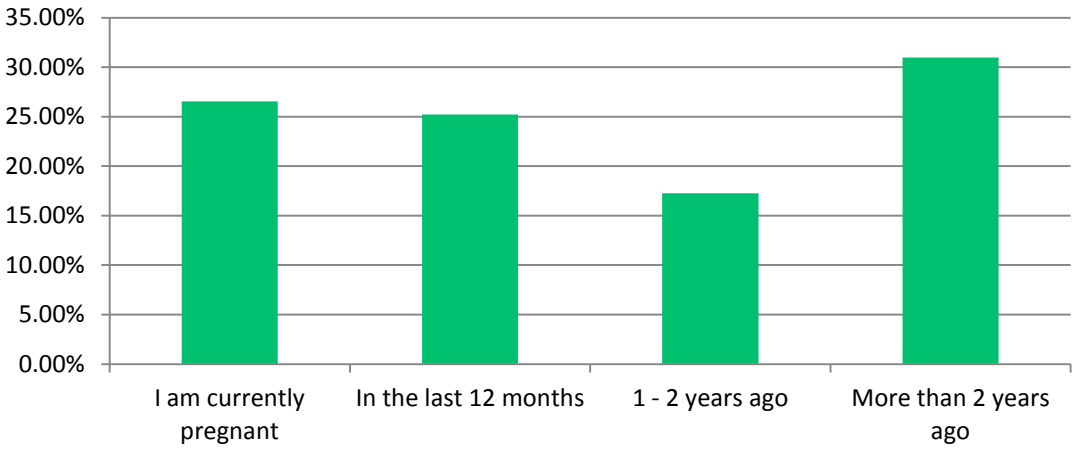
Table 7 – Friends and Family Test Feedback

10.4 Whilst Members noted the responses of the Friends and Family Test, it was felt that a further, more in depth survey, was needed to inform the work of the Committee. On this basis, an independent Survey Monkey consultation was undertaken, the results of which are outlined in Sections 11.5 onwards.

<u>Independent Survey Monkey Consultation</u>

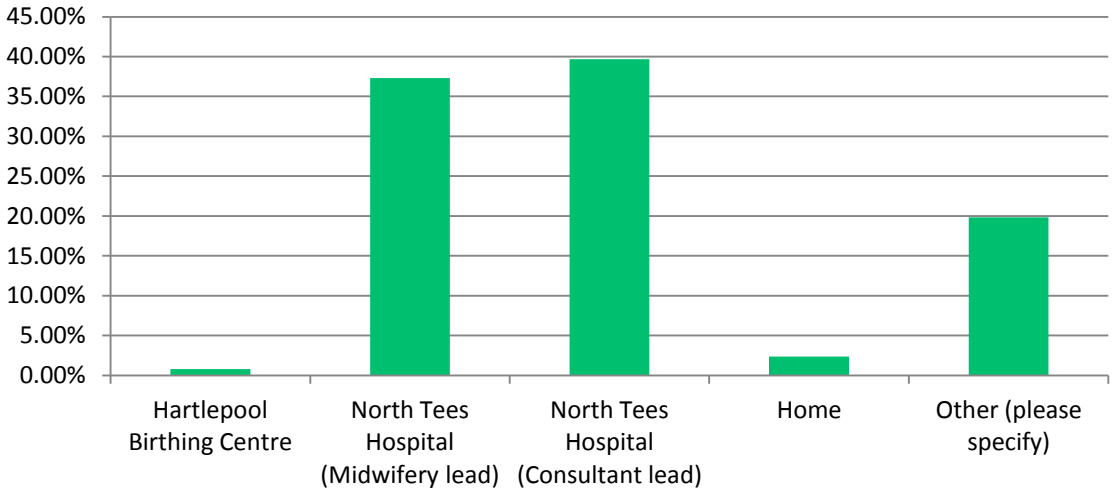
10.5 Between the 10th October 2018 and the 21st November 2018, the Committee undertook a survey to seek resident's opinions and experiences of antenatal and postnatal services in Hartlepool. A total of 452 individuals responded with 69% of responders either currently pregnant or having used the services in the last two years. A further breakdown is provided in Graph 8 below.

Graph 8 - When did you have your baby?



10.6 Data from the survey confirmed that the national trend, of mums moving away from delivering at stand alone midwife led units, was being mirrored in Hartlepool, with only one of the responders delivering in Hartlepool's Birthing Centre. This compared to the 97 who chose to go to the UHNT (as illustrated in Graph 9 below).

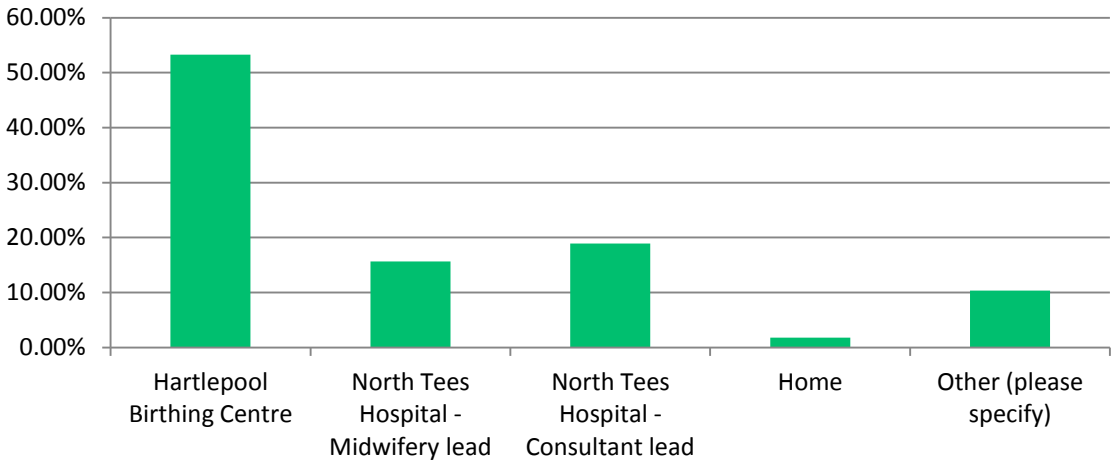
Graph 9 - Where did you have your baby?



10.7 The Committee was concerned to learn that, despite being eligible to use the Hartlepool Birthing Centre, 37% of 'low risk' mums had chosen the UHNT midwife led unit over the Birthing Centre, and although this figure could be higher with some low risk mums potentially also opting for the Consultant led unit. Equally concerning was that a larger number of mums had chosen a home birth over a delivery at the Birthing Centre.

10.8 In terms of the reasons for this position, Members were interested to find that 53% of responders had chosen Hartlepool Birthing Centre as their initial first choice for the location of their baby's birth. However, 50% of these mums had changed their minds during their pregnancies, with only one of the remaining 50% actually delivering in Hartlepool. Graph 10 illustrates further details of initial first choice.

Graph 10 - When you first found out you were pregnant, where was your initial first choice for the birth?



10.9 Reasons for changes of mind included those detailed below. It was clear to Members that the primary factors preventing / deterring mums were staffing concerns (availability of midwives and Consultants), the 'open when required' status of the Birthing Centre, ambulance response and transfer times and a lack of promotion of the services available at the Birthing Centre:-

i) Following assessment categorised as 'high risk' (BMI, planned C Section, gestational diabetes).

ii) No emergency care / Consultants / lack of staff at Hartlepool.

iii) Hartlepool Birthing Centre is not staffed.

iv) Made aware that if I needed to be transferred to North Tees an ambulance could have delays of up to 60 minutes.

v) Complications during pregnancy.

vi) Told the service was no longer available / Centre closed.

vii) Although Hartlepool delivery suite was offered, the impression given was that midwifes did not want to promote the Birthing Centre due to the lack of births and consultants there.

viii) Wanted the same midwife as had with previous pregnancies and she wasn't based within the Hartlepool birthing centre.

ix) Being in labour is an anxious and worrying time. Did not want to be in the position where there would be no midwives available to staff the birthing centre when it came to being in labour.

10.10 In exploring individual comments, Members identified that a number of the mums felt that a choice of location of birth was either not provided, or that sufficient explanations were not provided as to why they were 'high risk' and not able to deliver in Hartlepool. Evidence from the consultation supported this, with 30% of responders indicating that they had not been offered any choices. This position was further highlighted by individual statements submitted directly to the Chair of

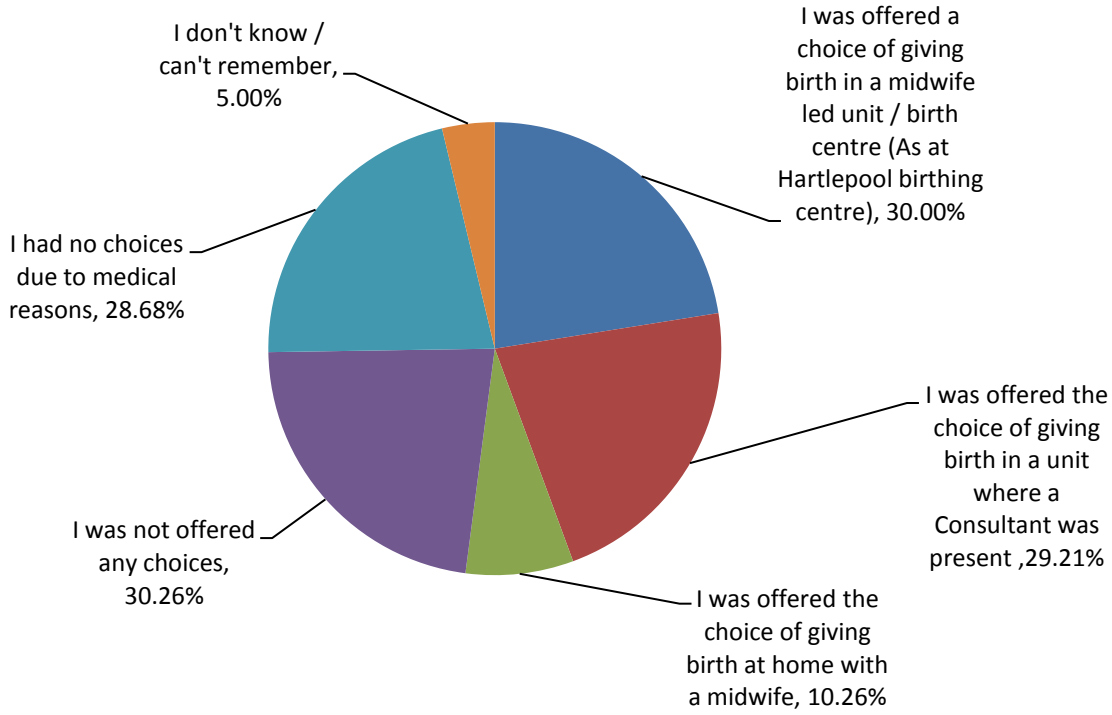
the Audit and Governance Committee during the course of the investigation (as detailed **in Appendix 3**).

10.11 These findings were balanced against indications that:

- 69% of responders had been given one or more choices.

- 30% of responders had been offered a midwife led unit (at UHH or UHNT). This, however, resulted in < 1% of responders actually delivering in the Hartlepool Birthing Centre. Graph 11, over the page, provides further details of the breakdown of choices provided.

Graph 11 - Were you offered any of the following choices about where to have your baby?



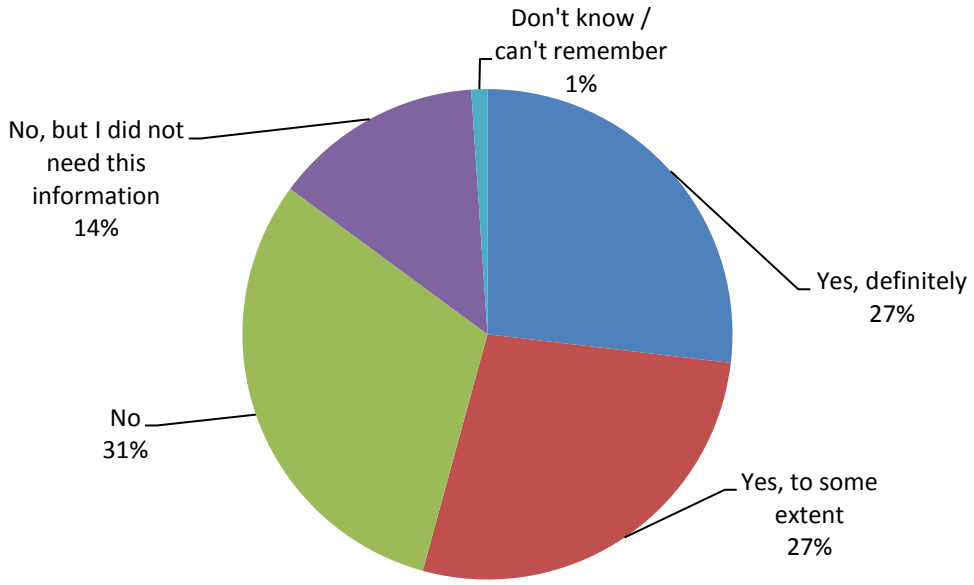
10.12 The Committee welcomed reassurances from the NTHFT that they were committed to the provision of advice and guidance and it was noted that 54% of those who responded felt that they had totally, or to some extent, received enough information to enable them to make an informed decision about the location for the birth of their babies (as detailed in Graph 12 over the page). 31% of responders had, however, been unhappy with the information provided and Members were concerned that there appeared to be an inconsistency in the information and guidance provided. In addition to this, there was concern that choice appeared to be being hindered by a lack of effective explanation of why the Birthing Centre was not suitable and poor promotion of the Hartlepool Birthing Centre. This was supported by examples of experiences obtained by the Committee:-

i) I am high risk for no apparent reason. I have to have it at North Tees or James Cook. Second choice would be James Cook but midwife is forcing me to go to North Tees.

ii) Got told where I was having my baby wasn't a choice.

iii) Because I was told that Hartlepool birthing unit was unavailable to me, despite the fact that I live locally and my first baby was born in Hartlepool in 2010. I was told I would have to go to North Tees, even though my first pregnancy/delivery was free from complications and North Tees is further away than Hartlepool.

Graph 12 - Do you feel you received enough information to help you decide where to have your baby?



10.13 With a view to gaining an understanding of what influences the choice of location for births, Members were interested to find the following, with a more detailed breakdown provide in Graph 13 over the page:-

i) The Top Three factors that influence the choice of birth place:

- Advice from the Midwife (41%)
- Previous experiences (36%)
- Closest to where I live (35%)

ii) Least likely factor to influence the choice of birth place:

- Views of friends and family (20%).

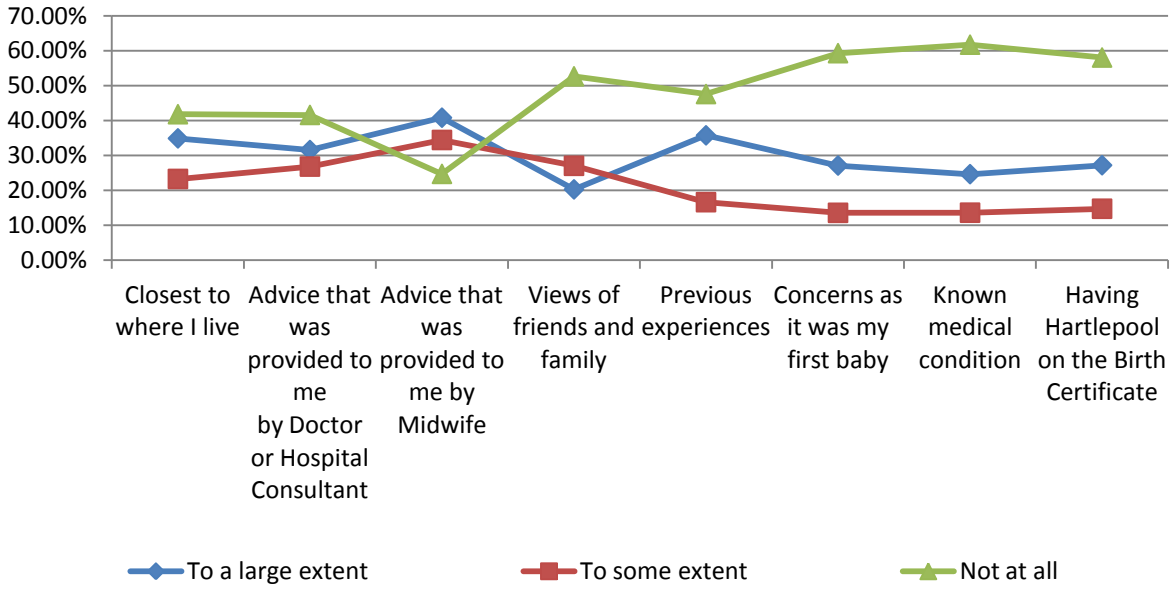
iii) The top three factors that do not at all influence the choice of birth place:

- Known medical condition (62%)

- Concern as it is my first baby (59%)

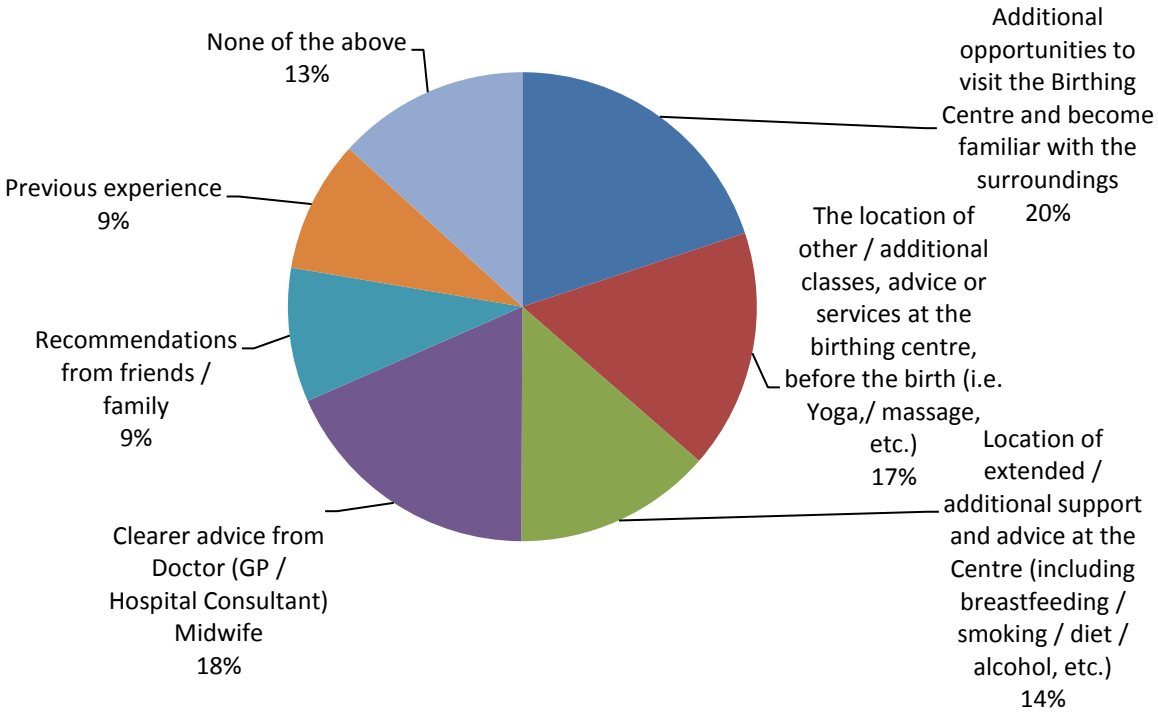
- Having Hartlepool on the Birth Certificate (58% - although it was recognised a very significant one for some individuals in terms of their identity as a 'Hartlepudlian').

Graph 13 - To what extent did the following influence your decision about where to have your baby?



10.14 The Committee also explored what would encourage mums to choose the Hartlepool Birthing Centre, as detailed in Graph 14. Members were interested to learn that of the options provided, the top two encouragements would be the provision of additional opportunities to visit the Birthing Centre (20%) and clearer advice from midwives / GP / Consultants (18%). Over and above these, it came as no surprise to the Committee that additional comments reiterated the need to reintroduce consultants, increase the number of midwives and have the Centre fully open and staffed.

Graph 14 - What would encourage you to choose Hartlepool Birthing Centre above the other options available?



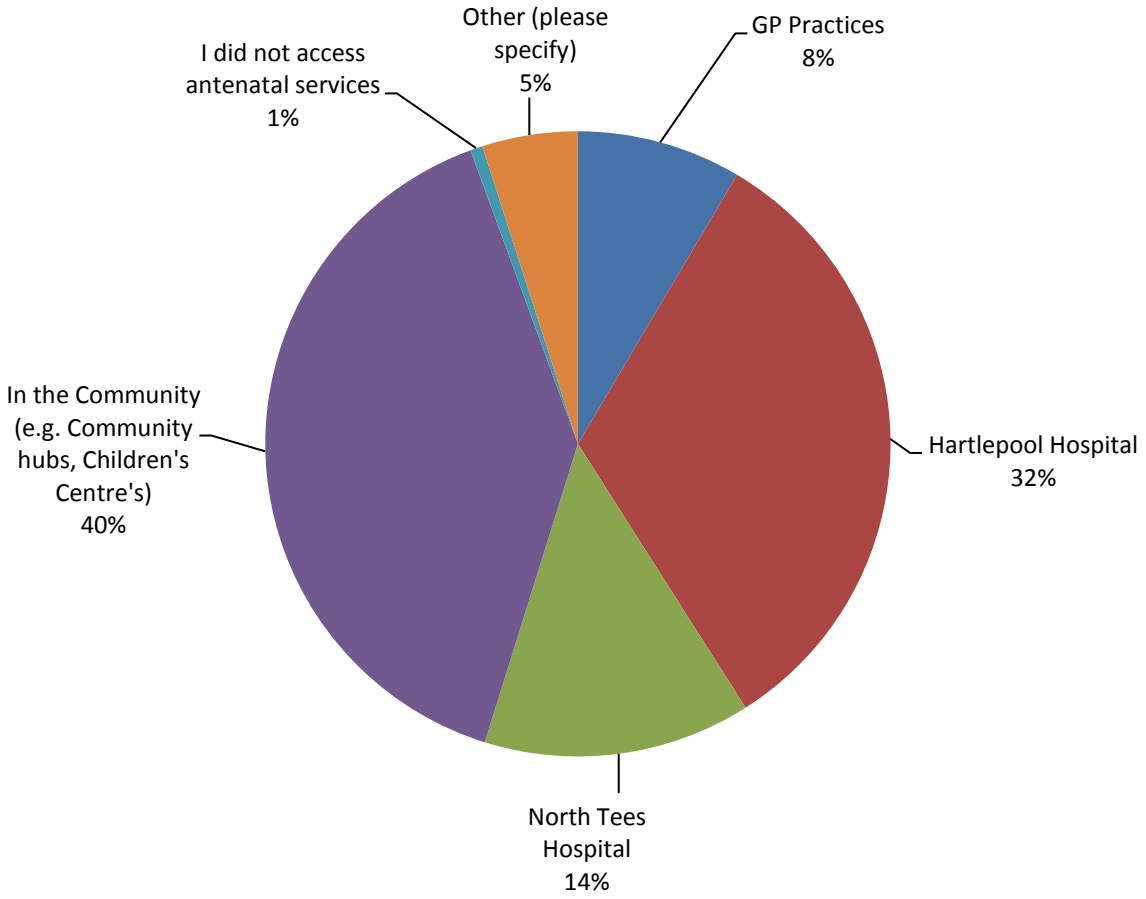
10.15 In addition to the above, Members learned that there was support for the provision of advice and other services at the Birthing Centre, with 31% of responders indicating that an increase in services such as classes (yoga, massage, etc) and advice (breastfeeding, smoking, diet, etc) would encourage use of the Centre. Members supported the importance of the provision of a wide breadth of services from the Centre and the positive benefits they would have on the wider health and wellbeing of mums and the provision of 'the best start in life' for Hartlepool's children.

10.16 These additional services form part of the package of antenatal and postnatal services accessed by mums, which the Committee explored as part of the investigation.

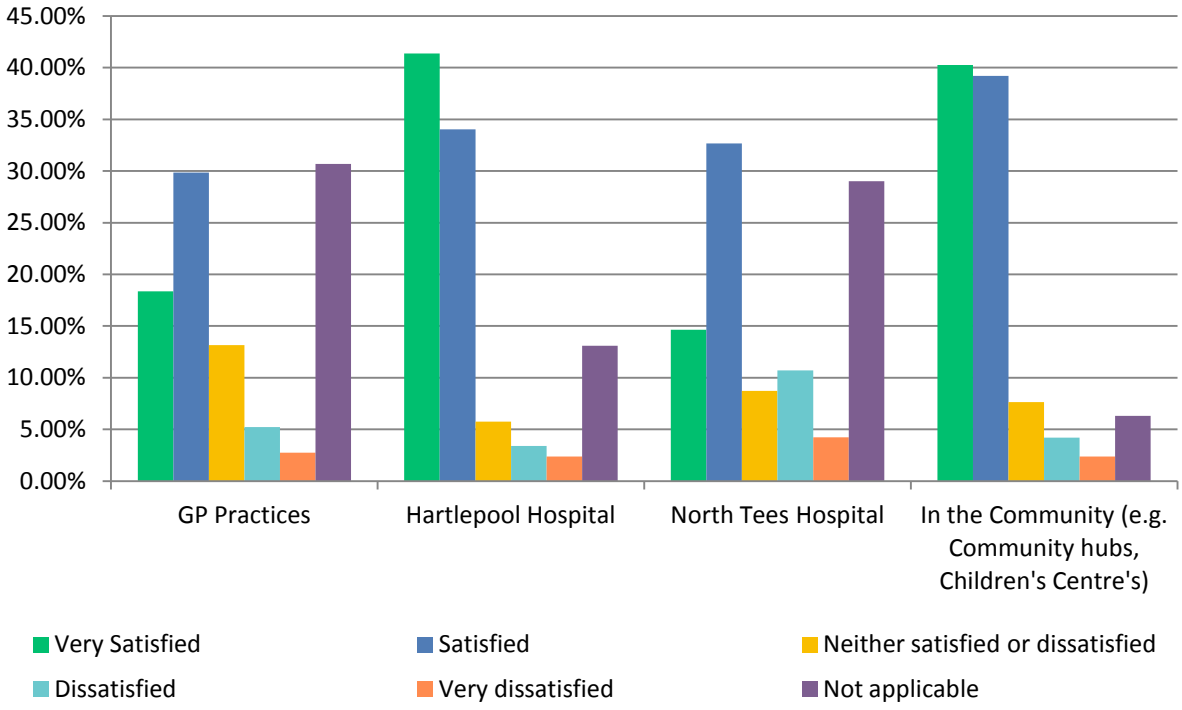
Antenatal Services

10.17 The consultation showing that 40% of mums accessed their antenatal services in the community (Community Hubs / Children's Centres), compared to 32% in UHH and 27% elsewhere. Members were pleased to find that in terms of satisfaction, those in community settings and the UHH received the highest satisfaction rating (79% and 75% respectively). At the same time, just under 50% of mums were happy with their experience of services in GP Practices and UHNT. Details of these results are outlined in Graphs 15 (below) and 16 (over the page).

Graph 15 - Where did you go for your antenatal care?

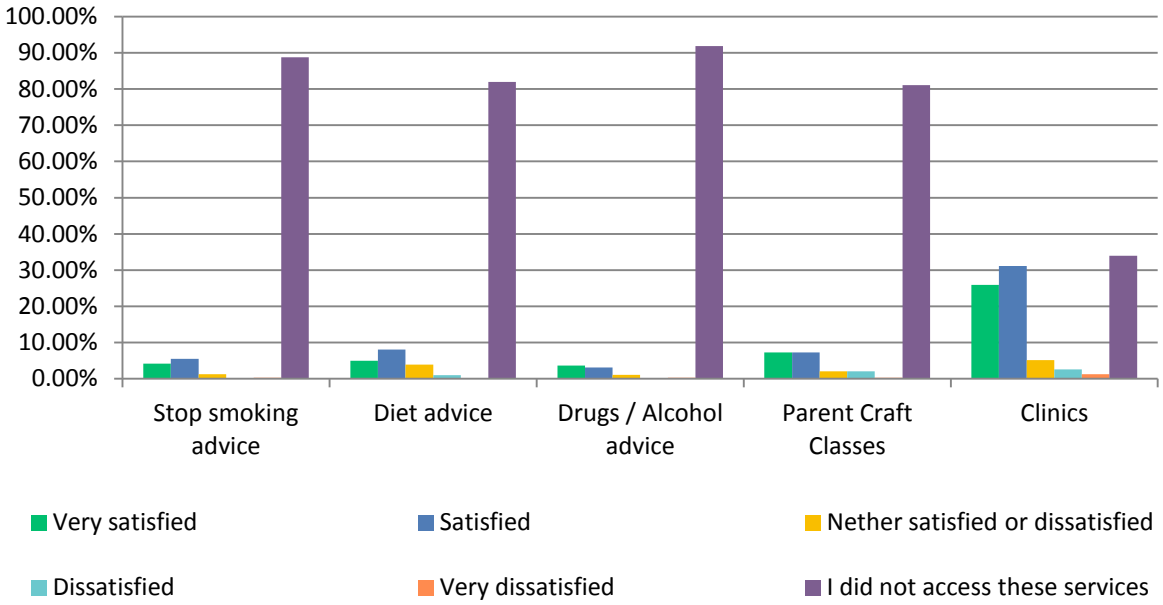


Graph 16 - How satisfied were you with the overall antenatal care you received?



10.18 With reference to the 27% of responders who were accessing antenatal services in GP Practices, hospitals (including UHNT and James Cook, etc) and at home, Members acknowledged that some specialist services needed to be provided in hospital environments outside Hartlepool. However, they were concerned to find that 80%> of mums had not accessed parent craft classes or smoking, diet, drugs and alcohol services. Even more surprising was that 34% of mums hadn't accessed clinics (as detailed below in Graph 17).

Graph 17 - Did you access any of the antenatal care services listed below, and if so how satisfied were you with them?



10.19 In addition to the statistical data, the Committee explored a variety of individual views / comments. The information provided demonstrated a range of positives and negatives experiences, including:

Negatives:

- The midwives I've met have been awful. The receptionists at Phoenix centre are poorly trained; same again at Hartlepool Hospital.
- Never knew about most of these services / was not offered any of these services.
- Dissatisfied, due to no service available for those who work.
- At North Tees, the care I received following the birth of my son was atrocious. I was induced at midnight with my first child, and I'd had him by 5:55 with no birthing partner around. At 20 years old, I went through a very traumatic birth on my own (my midwife was incredible!!!).
- No service offered for mental health.
- I had no idea who my midwife was. I had to attend a clinic, which I did not get to choose which one I went to, and my antenatal care I must've seen 6 midwives.
- As a new first time mother who'd had a busy career, the chance to develop some friendships in town with other mothers would have been very welcome, but there was nothing to support this.
- The fathers don't like the breathing exercises" so we ended up accessing private classes via NCT.

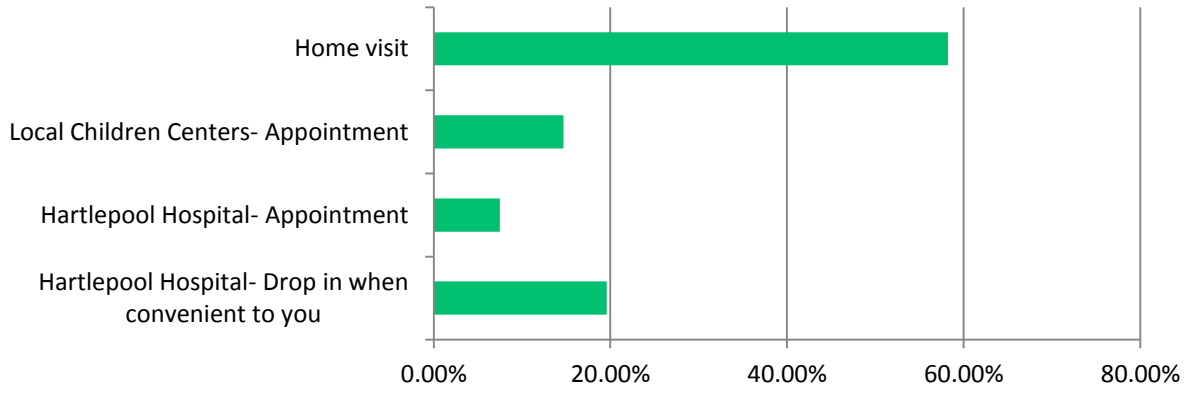
- Breastfeeding clinic was very poor and uninformative with bad advice being given.

Positives:
- I was blown away by the care and facilities I had access to at Hartlepool hospital. I received much more personal care at Hartlepool and I appreciated the option to be able to give birth at Hartlepool.
- Weighing clinics always welcoming.
- I had to go out of town to access a postnatal depression Peer Support group ran by Raindrops to Rainbows who helped me more than any other health professionals/services.
- The breast feeding clinic (near Headland) was amazing! I felt much more knowledgeable about what is 'normal' in breast feeding and therefore much more prepared. As a result, I managed to breastfeed till my little boy was 11 months.
- I think the Hartlepool midwives provide excelled advice and care throughout the whole process. A real credit to the NHS.
- Fantastic service from the Rossmere Centre (Bump to baby classes extremely helpful and easy to access.

<u>Postnatal Services</u>

10.20 In looking at future provision, the Committee welcomed the opportunity to gain a first-hand view of how postnatal services should be developed. It was clear that the single most popular option is the provision of home visits, with drop-in's the second most popular. As detailed in Graph 18 over the page.

Graph 18 - Where would you prefer to had your postnatal checks (including baby's weight and blood spot test)



10.21 The evidence provided illustrated to the Committee that whilst services were in the main well received promotion of services and classes could be improved to increase take up. There was also an issue about the availability of services for working mums and this is something that needs further exploration.

10.22 It was clear that many of the services are, and need to continue to be, provided from Community Hubs and Children's Centres to provide true service choice. With a focus on the potential for the development of the Birthing Unit in to a Maternity Hub, it was felt that an evaluation of what and where services are provide would be beneficial to ascertain the right mix of provision for mums.

Emphasis was placed upon the importance of including wider health and wellbeing services, as provided through Public Health, and the need to tie into the 0-19 year's service provided by the Local Authority.

11. UNIVERSITY OF NOTTINGHAM STUDY INTO MIDWIFERY LED UNITS

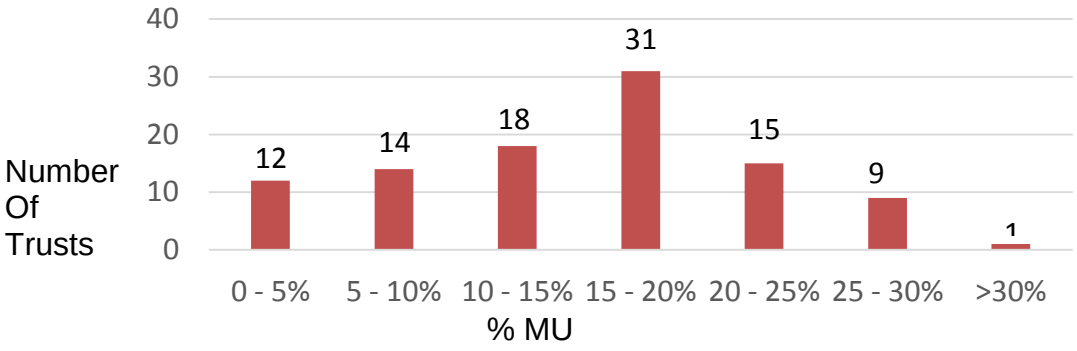
11.1 In obtaining an independent view of the provision of midwife led maternity units, the Committee welcomed evidence from Dr Walsh, Associate Professor in Midwifery at the University of Nottingham (author of a two year study[9] of midwifery led units).

11.2 Dr Walsh revealed that over the last 6 years the number of:

- Alongside midwifery units had almost doubled, from 53 to 97 during the period 2010 to 2016,
- Freestanding units had remained relatively stable; and
- Hospital obstetric units had reduced by 10% reduction, from 177 to 159.

11.3 Despite the increase in alongside midwifery units it was clear that there was room for further improvement. It was estimated that 35% of all women should be giving birth in midwife led units and, as shown in Graph 19 over the page, for the majority of Trusts this was happening in less than 20% of cases.

Graph 19 - Utilisation of Midwife Units: % of Midwife Units Births per Trust[10]



11.4 In addition to the above, Members were disappointed to find that 25% of all NHS Trusts in England still had no midwifery units, denying women the opportunity to access this type of care, which had been shown to provide personalised care to women, to decrease caesarean birth rates and costs per birthing. These concerns were shared by the Chief Executive of the Royal College of Midwives had commented that

"It is disappointing to see that a quarter of trusts do not have midwifery units. It is also disappointing that there has been such a small increase in the number of freestanding midwife-led units. I hope this will begin to change as a result of the Government's National Maternity Review in England. This promises much more maternity care right in the heart of our communities. I think there is also an onus

[9] https://www.nottingham.ac.uk/research/groups/mhw/projects/mu-project/index.aspx
[10] Data from Dr Walsh

on trusts and the Government to raise awareness of freestanding midwifery led units, and of midwife-led care in general, so that women are aware that this choice exists and can make that choice."

11.5 With declining births at the Hartlepool Birthing Unit a significant concern for Members, the information provided enabled the Committee to put the performance of the Unit in context. Members were disappointed to discover whilst all freestanding units feel the strain of smaller numbers and financial pressures, usage of Hartlepool's Birthing centre was exceptionally poor in comparison to others, with nationally:

- Five units with more than 400 births each year (the largest unit providing care in labour to 650);
- More than half of units (58%) with fewer than 200 births a year; and
- 37% of units with fewer than 100 births.

11.6 Dr Walsh had been shocked at the exceptionally low number of births at the Hartlepool Birthing Unit and highlighted the pressures such small numbers placed on the viability of units. In terms of Hartlepool, whilst the number of birth had been a concern in terms of its ongoing viability, it had been made clear to the Committee that the NTHFT are committed to the provision of choice for mums in Hartlepool and that the future of the unit was safe. The NTHFT was keen, however, to see the number of births increased and supported the exploration of ways to extend usage of the centre, including the potential provision of additional services (i.e. clinics and other groups, etc) as part of a 'Maternity Hub'. The creation of a Maternity Hub was something that the Committee would support.

11.7 Dr Walsh also shared Members concerns regarding the effectiveness of promotion and in considering how this could be improved, it was suggested that emphasis be placed on engaging with local community groups and holding open evenings at the unit. The benefits of such publicity activities were demonstrated by the success of the Blackburn / Burnley freestanding midwifery unit, which the Chair of the Committee had suggested members visit as part of the investigation.

11.8 There were a number of further recurring issues upon which the Committee welcome a view from Dr Walsh. Members learning that:-

i) The contentious issue of safe transfer times between freestanding units and hospitals, 98% of complications were not urgent and could safely be transferred in 30-45 minutes.

ii) Whilst there is a national shortage of midwifes, recruitment and retention rates for midwives is higher in midwifery units as they are given more autonomy and the environment was less frenetic and stressful than traditional labour units.

iii) The creation of 'mega units', of 10 thousand deliveries a year, was counterproductive, resulting in an assembly line attitude to birth. Members shared this view and welcomed an assurance that it was not the intention as part of the STP / ICS process to close the obstetric unit at the UHNT, to create such a 'mega unit'.

iv) The barriers that need to be addressed to improve the provision of midwife led units, consideration needed to be given to how to:

- Change beliefs and implement evidence based practice.
- Get midwife led units prioritised in terms of resources.
- 'Champion' midwife units at all levels of organisation, through the introduction of obstetric and midwife champions.
- Develop staff skills, competence and confidence in a 'low risk' context.
- Engage with service users to increase acceptance of service change.

11.9 Members recognised the importance of prioritising and promoting the provision of midwife led services, not only from a front line service perspective, but also a higher level strategic / organisational perspective. One suggestion to that the Committee thought should be explored by the NTHFT to achieve this is the introduction of obstetric and midwife champions.

12. VISITS TO FREESTANDING MIDWIFE LED CENTRES

Best Practice Visit to Blackburn Birthing Centre

12.1 Following the identification of the Blackburn (freestanding) Birthing Centre as an example of good practice by Dr Walsh, the Committee undertook a site visit to how it was being operated and speak to staff. The unit as also operated as a Maternity Hub and Members were joined by representatives from both the UHNT and UHH sites. Input from these maternity professionals was welcomed by the Committee.

12.2 During the course of the visit, Members were advised that the Centre became fully operational in November 2010 and provided services to women in the local authority areas of Blackburn with Darwen, Burnley, Pendle, Rossendale, Hyndburn and Ribble Valley. Members were interested to find that the Centre delivered 480[11] babies in 2016-17, with a transfer rate of only 12%, compared to the national rate of 36%, and was quickly becoming one of the largest free standing birth centres in the country.

12.3 Whilst it was recognised that the overall population of the region served by the Blackburn Birthing Centre, at in the region of 540,000[12], was larger than that covered by the Hartlepool Birthing Centre, it was felt that lessons could be learned. Similarities in the ethos of the Blackburn and Hartlepool Centres, in the provision of a relaxed 'home from home' environment for low risk mums by dedicated and enthusiastic midwives were welcomed, alongside areas where the operation of the Blackburn Centre differed from the Hartlepool centre. The Blackburn Centre being:-

i) Open on a 24 hour / 7 days a week basis, with midwives available at anytime for advice and support in matters relating to pregnancy (including support

[11] Which - https://www.which.co.uk/birth-choice/maternity-units/fmu-blackburn-birth-centre-unit-blackburn-birth-centre
[12] Date from the Lancashire County Council

regarding choice of feeding). Staffed on a roster basis, with a minimum of 2 staff (ideal 3).

ii) Operated on a Community Hub model, offering a range of services including postnatal and antenatal appointments, council run exercise classes, meetings, breastfeeding and health visitors, etc and free parking on site. This includes promotion of the Centre by holding meetings and fund raising events.

iii) Able to:
- Free up midwives to staff the birthing centre as a result of post natal appointments being offered in birthing centre. This had been a preference for women, rather than waiting in for midwife.

- Guaranteed an 8 minute response rate from the ambulance service to transfer to the consultant led unit 14 miles away. In addition, there is the ability to request an ambulance from the A&E half a mile away should it be required.

iv) Able to provide 'skill drills' removing the need for midwives to consultant led unit to keep skills up, alongside the provision of staff newsletters to relay points of learning/improvements.

v) Keen to accommodate all mums. Where a mum doesn't fit the criteria she is referred to a 'place of birth' clinic where she meets with midwives to discuss all risks. Every effort is made to accommodate choice and empower mums.

12.4 Members were impressed by the commitment of staff to promote the unit and accommodate the needs of as many mums wherever possible. It was recognised that the proximity of the unit to an accident and emergency unit made a difference to the attractiveness of the unit for mums. An assurance from NEAS that the Unit would be given the highest possible priority in response to calls would help address that and should be pursued by the HaSt CCG as the commissioner of the service. This together with the creation of the Hartlepool Birthing Centre as a Maternity Hub could be a solution.

<u>Visit to Hartlepool Midwife-led Birthing Unit (University of Hartlepool)</u>

12.5 The Committee took advantage of an opportunity to visit the Hartlepool Birthing Unit. In doing so, Members were exceptionally impressed with 'first class' facilities at the Centre, including the four en-suite birthing rooms which offered a variety of birthing experience (i.e. one with a birthing pool and one active birthing room, offering alternatives to traditional delivery). Equally impressive was the provision of one-to-one care in a home from home, calm relaxing and quiet environment and Members commended the commitment and passion of the Centre's staff in achieving this.

12.6 It was clear to Members that staff shared their disappointment that the unit had to be open on an 'open required' basis. However, it was reiterated to the Committee that the model had been introduced due to the small number of deliveries and that the poor utilisation of staff when provided 24/7, had impacted on staff satisfaction and retention. Members learned that the NTHFT are carrying 8

midwife vacancies and that unlike doctor vacancies it is not possible to fill these from abroad due to differing standards and training. Members were pleased to be informed, however, that the number of NTHFT midwife vacancies was less than other Trusts primarily due to the organisational culture that had been created. In addition to the preference for midwives to work in maternity led units over obstetric units, as a result of the better working environments.

12.7 Those staff members who the Committee spoke to during the course of the visit, expressed support for the principle of the transition of the Birthing Centre into a Maternity Hub. The opening of the Centre full time would be a welcome result, although Members acknowledged that the requirement to reconfigure community midwife services to bring appointments in to the Hub might be controversial. However, the introduction of other services from the Hub could create a location to support mums that would be attractive to them. It was suggested that this could potentially include free parking.

13. ELECTIVE SURGERY SERVICES AT THE UNIVERSITY HOSPITAL OF HARTLEPOOL (UHH)

13.1 As part of the second part of their investigation, Members were reminded that one of the recommendations in the Hartlepool Matters[13] report had been to review existing arrangements for the provision of elective care in Hartlepool and explore options to increase the levels of planned surgery undertaken from the Hartlepool hospital site.

13.2 Members learned that elective surgery is planned and scheduled in advance because it does not involve a medical emergency. Elective care services include:-

i) **Outpatient services:**

- Orthopaedics
- Urology
- Obstetrics
- General Surgery
- Bariatric Surgery
- Breast Services
- Ophthalmology
- Dermatology
- ENT
- Vascular
- Colorectal
- Upper GI
- Gynaecology
- Paediatrics

ii) Diagnostic Services:

- Medical Physics
- MRI
- Endoscopy
- CT
- Plain Film x ray
- Phelbotomy
- Pre operative assessment

iii) Day Case Services:

- Orthopaedics
- General Surgery
- Gynaecology
- Urology
- Vascular
- Breast surgery / breast reconstructions
- Pain management procedures

iv) Pre Assessment Services

v) Inpatient Services:

- Orthopaedics
- Primary hip and knee replacements / revision replacement surgery / ACL reconstruction / Foot and Ankle Surgery
- General Surgery e.g. gall bladders / hernia's
- Breast surgery / breast reconstructions
- Pain management procedures and some Children's Surgery

13.3 Members welcomed confirmation of the significant range of elective surgeries that could be accessed at the UHH site and were encouraged to find a concentration of lower limb services (including hip and knee replacements) at Hartlepool, with limited surgery carried out on the UHNT site for this sub speciality. In addition to this, the majority of elective surgical outpatient services, diagnostics and follow up care was also provided at the UHH.

[13] Hartlepool Matters – Shaping the Future of Health and Social Care in Hartlepool

13.4 Members were reassured that the aim of the NTHFT was to provide as much of every patients care pathway as close to home as possible and expressed a hope that more services could be returned, based on the success of those already in place.

14. USAGE OF ELECTIVE CARE SERVICES AT UHH

14.1 The Committee explored elective care, and outpatient, activity at the UHH over a three year period and was interested to find that, between 2015 and 2018, there had been an 18.77% increase in the use of elective care services. In addition, there had been an increase in outpatient activity and a shift in inpatient elective procedures, from the North Tees site, had resulted in approximately 36% of Hartlepool patients now receiving their elective Inpatient surgery at UHH. This represented a 6% increase in comparison to 2015/16 and included hip and knee replacements and breast cancer surgery.

Table 20 - Elective and Out-patient Activity at the UHH

Elective Activity at UHH

	2014/15	2015/16	2016/17	Variance 2015/16 from 2014/15	Variance 2016/17 from 2015/16
Elective	1148	1285	1582	10.66%	18.77%
Daycase	15833	15371	14033	-3.01%	-9.53%
All Elective	16981	16656	15615	-1.95%	-6.67%

Out-patient Activity at UHH

	2014/15	2015/16	2016/17	Variance 2015/16 from 2014/15	Variance 2016/17 from 2015/16
New	25,768	23032	23235	-11.88%	0.87%
Review	59,334	40874	46455	-45.16%	12.01%

Includes Consultant and Non Consultant led, excludes DNA's

14.2 Members were pleased to find that there had been an increase in the take up of elective, inpatient and outpatient services. However, they were disappointed to find that Day Case activity had decreased by 9.53% in 2016/17. Data showed that approximately 72% (7500) of Hartlepool patients received their Day Case treatments/diagnostics on the Hartlepool site in 2016/17. This compared to 2800 who received their Day Case treatment/diagnostics on the North Tees site.

14.3 In considering the reasons for the drop in Day Case activity, concern was expressed that people were not being offered UHH as a choice. This view was supported by anecdotal evidence, with indications that patients who knew there was the potential of receiving treatment at UHH, had to ask for it as an option.

14.4 Members appreciated an assurance from the NTHFT that outpatient, diagnostics and routine elective treatments continued to be delivered from the UHH site and acknowledged that patient choice could be a factor, where an earlier date is available at UHNT than UHH. However, disappointment was reiterated that the needs of patients with more complex needs (i.e. required full Intensive Care

support) could not be treated in Hartlepool and that services at the UHH were not being promoted effectively.

15. WHAT WILL INFLUENCE SERVICE PROVISION IN THE FUTURE

15.1 Members considered the process of change to elective services arising from the STP and noted its impact on the high level of organisations to allow the lower, local, level of health delivery to define services that best meet the needs of local people. The STP had not been intended to direct how services are delivered locally. It should be noted that the evidence presented was considered by the Committee prior to the creation of Integrated Care System (ICS), however, the position has not changed, with no decisions yet on the delivery of services across the region from the STP / ICS. Members remained frustrated with the lack of progress, a view shared across all North East Local Authorities.

16. CONCLUSIONS

Maternity Services

16.1 The Audit and Governance Committee concluded that:-

i) The first preference for the provision of maternity services in Hartlepool would always be the re-establishment of a consultant led service at the UHH;

ii) Whilst the Committee fully supports the need to ensure that mums are aware of all potential risks, work is needed to address the perception that a genuine choice is not available in Hartlepool and that information is biased towards maternity services at the UHNT, over those at the UHH;

iii) The quality of services across the entire maternity pathway are in the main well received and support was expressed for the 'first class' facilities, and passion and commitment of staff, at the Hartlepool Birthing Centre;

iv) The number of mothers delivering in the Hartlepool Birthing Centre has fallen to an all time low and in order to increase these numbers mothers must have confidence in the quality and safety of the service provided. The ultimate wish will always be to see the return of services to UHH, however, it was acknowledged that:

- Standards dictate required Consultant numbers / staffing hours, alongside the need for them to be located in proximity to other services in the event of delivery problems. Increasing the number of deliveries at the Centre remains a priority, with options to achieve this including improved service confidence; and

- A significant deterrent for even low risk mums is the time it takes for an ambulance to reach the Hartlepool Birthing Unit and transfer to the UHNT. The distance between UHH and UHNT cannot be reduced, however, actions should be explored to reduce the time taken for an ambulance to

reach the Hartlepool Birthing Centre, the aim being to obtain an assurance from NEAS that the calls for assistance from the Centre would be given the highest possible priority;

v) The following fear factors contribute to a position where even low risk Hartlepool mums who would be eligible to use the Hartlepool Birthing Centre agree (often reluctantly) to use the alongside midwifery unit at UHNT. These factors need to be addressed if the downward trend in birth numbers is to be turned round:

- Staffing concerns (The absence of a Consultant on site, although it was recognised that a Birthing Centre is a Midwifery Led Service with no consultant presence);
- A perception that the Birthing Centre is closed;
- Operation of the Centre on an 'open when required' basis (Centre not staffed);
- Ambulance response and transfer times (the potential need to be 'blue lighted' to UHNT in the event of a problem); and
- A lack of promotion of the Birthing Unit with new mums (whilst recognising the need to be clear in terms).

vi) Whilst there is a national shortage of midwives, the NTHFT are commended on their activities in recruiting and retaining midwives, resulting in the Trust carrying a lower number of vacancies than its geographical neighbours;

vii) The increase in mums with more complex needs over the last 4-5 years, as a result of associated conditions (obesity, etc), reduced the number of mums suitable for delivery in midwife led units. This trend was reflected in the Hartlepool population and reinforced the importance of role of Public Health activities, and the 0-19 service, in addressing these co-morbidities as part of the maternity pathway from preconception, to delivery;

viii) The development of the Birthing Unit into a Maternity Hub would enable the provision of a fully staffed and open freestanding midwife led unit. This would, however, be reliant on a change in operational practices for midwives;

ix) It was clear that many services are, and need to continue to be provided, from Community Hubs and Children's Centres in order to provide true service choice. With a focus on the potential for the development of a Maternity Hub, with all services provided, an evaluation of what and where services are provide would be beneficial to ascertain the right mix of location and provision for mums;

x) The prioritisation of midwife led services on an organisational level is essential going forward and in helping deliver this, the introduction of obstetric and midwife champions by the NTHFT is supported; and

xi) Members welcomed the high priority placed on continuity of care by the Hartlepool Midwife Birthing Team but expressed concern at the impact on this of staff sickness and vacant posts.

Elective Surgery

16.1 The Audit and Governance Committee concluded that:-

i) Whilst 72% of Hartlepool patients were still receiving their Day Case treatments/diagnostics at the UHH, this activity had decrease and there was concern that people were not being offered UHH as a first choice;

ii) Disappointment was reiterated that the needs of patients with more complex needs (i.e. required full Intensive Care support) could not be treated in Hartlepool and that services at the UHH were not being promoted effectively; and

iii) It was encouraging to see that the there had been an increase in the take up of elective, inpatient and outpatient services at UHH.

17. RECOMMENDATIONS

17.1 The Audit and Governance Committee has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations in relation to the provision of **maternity services** from the UHH. The Committee's key recommendations are as outlined below.

a) Service Delivery:-

i) That the preferred option for the provision of maternity services in Hartlepool continues to be the re-establishment of a consultant led maternity unit;

ii) That a 'Maternity Hub' be created on the UHH site, with midwife appointments provided from the Hub to secure appropriate levels of staffing on site to enable it to be fully open and operational, replacing its current 'open when required' status.

iii) That a review be undertaken of all maternity services and classes provided in Community Hubs, Children's Centres and other venues across the town, with the aim of:

- Better co-ordinating and building upon the existing services to meet the holistic needs of Hartlepool mum; and
- Ensuring that services meet the needs of all sections of the population, including working mums.

iv) That opportunities be explored to co-ordinate the provision of Public Health, and 0-19 Services, to help address the increase in co-morbidities that have seen an increase in the number of 'high risk' mums, and provide every child in Hartlepool with the best start in life; and

v) A Task and Finish Group, of the Audit and Governance Committee, be established to monitor the implementation of the recommendations of the investigation.

b) Promotion and Marketing:-

i) That a marketing plan be put in place to promote the breadth of services available for mums in Hartlepool, leading up to the birth, for the birth and after, with particular emphasis on:

- Promotion of the Hartlepool Birthing Unit; and

- The review of promotional material and websites (including the 'Birthplace Choices' leaflet) to showcase services across the UHH and UHNT equally.

ii) That staff training be reviewed to ensure consistency of professional advice in terms of options for births, including the promotion where appropriate of the Hartlepool Birthing Centre.

c) Commissioning:-

i) That the Hartlepool and Stockton Clinical Commissioning Group (HaST CCG), as the commissioner of ambulance services, renegotiate their contract with NEAS to remove the designation of the Birthing Centre as a 'place of interest' and provide an assurance that calls for assistance from the Centre would be given the highest possible priority.

19.1 The Audit and Governance Committee has taken evidence from a wide range of sources to assist in the formulation of a balanced range of recommendations in relation to the provision of Elective Surgery from the UHH. The Committee recommended that:

a) Whilst the increase in the take up of elective, inpatient and outpatient services at UHH is encouraging, further work needs to be undertaken to ensure that all patients (from Hartlepool and elsewhere) are fully aware of the options available for treatment at the UHH.

ACKNOWLEDGEMENTS

The Committee is grateful to all those who have presented evidence during the course of our investigation. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named:-

Hartlepool Borough Council:

Dr Paul Edmondson-Jones, Interim Director of Public Health
Dr Peter Brambleby, Interim Director of Public Health
Sally Robinson, Director of Children's and Joint Commissioning Services

External Representatives:

Hartlepool and Stockton-on-Tees Clinical Commissioning Group:
- Karen Hawkins, Director of Commissioning & Transformation
- Julie Lane, Director of Nursing, Patient Safety and Quality, North Tees and Hartlepool NHS Foundation Trust (NTHFT)
- Lynn Kirby, Assistant Director, Operations, NTHFT
- Jane Barker, General Manager, Women and Children's Services, NTHFT
- Janet Mackie, Head of Midwifery, NTHFT

Professor Dr Denis Walsh, University of Nottingham

North Tees and Hartlepool NHS Foundation Trust:
- Jane Barker
- Elaine Gout
- Louise Johnson
- Lynn Kirby
- Janet Mackie
- Kevin Moore
- Tess Moore
- Linda Wildberg

Hartlepool Healthwatch:
- Lynn Allison
- Judith Gray

COUNCILLOR BRENDA LOYNES
CHAIR OF THE AUDIT AND GOVERNANCE COMMITTEE

February 2018

Contact Officer: Joan Stevens, Statutory Scrutiny Manager
Chief Executive's Department – Legal Services
Hartlepool Borough Council
Tel:- 01429 284142
Email:- joan.stevens@hartlepool.gov.uk

BACKGROUND PAPERS

The following background papers were consulted or referred to in the preparation of this report:-

(i) National Maternity Review
https://www.england.nhs.uk/wpcontent/uploads/2016/02/national-maternity-reviewreport.pdf
ii) The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP can be viewed at
https://www.hartlepool.gov.uk/info/20081/health_and_well_being/611/sustainability_transformation_plan_stp
iii) The Hartlepool Matters report can be viewed at
https://www.hartlepool.gov.uk/info/20015/social_care_and_health/650/hartlepool_matters_report
iv) The Durham, Darlington, Teesside, Hambleton, Richmondshire and Whitby STP can be viewed at
https://www.hartlepool.gov.uk/info/20081/health_and_well_being/611/sustainability_transformation_plan_stp
v) The Hartlepool Matters report can be viewed at
https://www.hartlepool.gov.uk/info/20015/social_care_and_health/650/hartlepool_matters_report

Terms of Reference for the Investigation **Appendix A**

Maternity Services

(a) To identify the maternity services that are provided at the UHH to understand local need and demand;
(b) To explore the variability of access to maternity services at North Tees and Hartlepool NHS Foundation Trust (NTHFT), focusing on the quality of care, outcomes and differences between a mid-wife led unit and a consultant led unit, including the factors that determine where a baby will be born;
(c) To examine the usage figures for the maternity services provided by NTHFT for the past three years to determine whether the services have seen an increase / decrease in usage and the reasons for this;
(d) To examine the usage figures of comparative NHS Trusts that provide mid-wife led units to establish whether or not they have seen a rise/fall in the number of births at the units over the past three years;
(e) To consider expert evidence to understand how high quality safe services can be achieved and maintained in order to provide the best outcomes for mothers and their babies;
(f) To examine how maternity services at NTHFT will be provided in the future, taking into account potential changes that may emerge as part of the Sustainability and Transformation Partnerships (STP) or any future service reconfigurations; and
(g) To ensure that Members are fully informed to participate in the broader STP.

Elective / Planned Surgery Services

(h) To identify the elective surgery services that are provided at the UHH to understand local need and demand;
(i) To explore the variability of access to elective surgery services, focusing on the quality of care and outcomes at the UHH;
(j) To examine the number of patients using the elective surgery services at the UHH over the past three years to determine whether the services have seen an increase/decrease in usage and the reasons for this;
(k) To explore how a high quality integrated service can be provided for Hartlepool residents at the UHH for elective surgery and consider expert evidence to understand how this can be achieved;
(l) To examine how elective surgery at NTHFT will be provided in the future, taking into account potential changes that may emerge as part of the Sustainability and Transformation Partnerships (STP) or any future service reconfigurations; and
(m) To ensure that Members are fully informed to participate in the broader STP.

Methods of Investigation

(a) Detailed Officer reports supplemented by verbal evidence;

(b) Evidence from the Authority's Leader and Chair of the Health and Wellbeing Board;

(c) Site visits to:
- Hartlepool Midwife-led Birthing Unit (University of Hartlepool) to observe the facilities and speak to staff; and

- Blackburn Birth Centre (East Lancashire Hospitals NHS Trust) to observe the facilities and speak to staff as an example of good practice in the provision of maternity services.

(d) Evidence received from:
- North Tees and Hartlepool NHS Foundation Trust;
- Hartlepool and Stockton-on-Tees NHS Clinical Commissioning Group;
- Dr Dennis Walsh, Senior Midwife and Associate Professor in Midwifery at Nottingham University;
- Evidence from the Care Quality Commission, NHS England; Royal College of Obstetricians and Gynaecologists and Royal College of Midwives;
- The North East Ambulance Service; and
- Hartlepool Healthwatch.

(e) Survey of users of maternity services in Hartlepool (including antenatal groups, mother and baby groups);

(f) Evidence received from the town's Member of Parliament; and

(g) The views of local residents.

APPENDIX B

Recommendations of the National Maternity Review, and the work of the Local Maternity Systems, focusing on the need to focus on:

- Personalised care: Access to unbiased information allowing them to make the right choices about their care, based on their individual circumstances.

- Continuity of care: Allowing mothers to build relationships of mutual trust with midwives and other professionals involved in their care is recognised as essential for their wellbeing and satisfaction.

- Safer care: All professionals involved in women's care should work together, providing integrated care where women can be referred to different services quickly and efficiently.

- Better postnatal and perinatal mental health: Services should address deficits in maternity mental health care and other areas of postnatal care. Better resourcing of services and more efficient transition from hospital to midwife, GP, health visitor and other community services are areas highlighted for improvement.

- Multi-professional working: Different maternity professionals and providers ideally would not only work together, but also train together.

- Working across boundaries: The creation of 'community hubs' that are commissioned to serve as a bridge between the local services and specialist care where needed.

APPENDIX C

Comments from Hartlepool Mums*

Mum 1 - 'I am due this month and was told in my first midwife appointment around February time that due to staff shortages it would be unlikely that I could give birth in Hartlepool birthing centre, but I still put my name down for Hartlepool in hope that the staffing levels would be resolved, unfortunately it was then confirmed in August when all women in the Hartlepool antenatal classes were told - Hartlepool is not an option for births due to staffing so to arrange to go to north tees or have a home birth.'

Mum 2 – 'Why is it that I am not **allowed** to choose to give birth at the hospital in Hartlepool? The midwives I have spoken to are just saying "there isn't enough staff" yada yada but last year when I was pregnant (which ended in a miscarriage) I was able to chose Hartlepool over North Tees or James Cook. Now I have only been give the choice between North Tees and James Cook. Options that I am not very interested in or happy with!

How it is that woman are discouraged and/or not given the option to birth in Hartlepool? Is it still open? Is it an option? Are we being misinformed and lied to?'

*All issues raised are being investigated by the North Tees and Hartlepool Foundation Trust.