IRP

Independent Reconfiguration Panel

ADVICE ON PROPOSALS FOR CHANGES TO MATERNITY SERVICES IN SCARBOROUGH AND NORTH EAST YORKSHIRE

Submitted to the Secretary of State for Health

30 June 2008

IRP

Independent Reconfiguration Panel

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CONTENTS

RECOMMENDATIONS

1. **It is essential for the people in the whole of the Scarborough and North East Yorkshire Healthcare Trust (SNEYHT) catchment area that the consultant-led maternity service at Scarborough is maintained. This will require PCT as well as Trust commitment and leadership and an innovative approach. Clinical networks need to be further developed with neighbouring Trusts.**

2. **The IRP supports the development of the midwife-led unit (MLU) on the Scarborough site, which will add to the quality of the services provided.**

3. **The Trust must ensure that staffing is sufficient to ensure that the operation of this unit is not compromised by foreseeable needs of the consultant-led service and should also ensure that effective protocols are in place to enable as many women as possible who choose to give birth in a 'home-from-home' environment to do so.**

4. **The operation of MLUs at Malton, Whitby and Bridlington is not of itself unsafe. But the Panel does not consider that a network of four MLUs providing intrapartum care across Scarborough and north east Yorkshire can be sustained for the relatively small catchment population. The units at Malton, Whitby and Bridlington should close to intrapartum care once the new MLU at Scarborough is fully operational.**

5. **Full antenatal and postnatal services should continue to be provided locally by the community midwifery teams at Malton, Bridlington and Whitby, as should support for home deliveries.**

6. **It is essential that the staffing levels in the Whitby, Bridlington and in particular the Malton midwifery teams are strengthened immediately as they have been allowed to run down to unacceptable levels over recent years. Their midwife-led 'home-from-home' birth facilities should continue, supported by additional staffing, pending the full commissioning of the MLU at Scarborough.**

RECOMMENDATIONS

7. **The transport needs of expectant and nursing mothers across the Trust's catchment area should be assessed as a matter of urgency. Appropriate support for individuals and their families and/or additional transport services should be agreed between the PCTs and the Trust and put in place before intrapartum care is withdrawn from Whitby, Malton and Bridlington.**

8. **Early agreement must be reached between the Trust and the PCTs about the funding and implementation of changes, in particular the midwifery establishment required to implement sustainable services for the whole Trust area. The SHA should ensure this is agreed.**

9. **In developing plans for maternity and related services the PCTs as commissioners should take the lead, working with the Trust, to find more effective ways of engaging with local people and staff to design services and respond to *Maternity Matters* and to secure public confidence in the local NHS.**

OUR REMIT

What was asked of us

1.1 The Independent Reconfiguration Panel's (IRP) general terms of reference are included in Appendix One.

1.2 On 20 November 2007, Cllr John Blackie, Chair of the North Yorkshire Scrutiny of Health Committee, wrote to the Secretary of State for Health, the Rt Hon Alan Johnson MP, on behalf of the Scrutiny of Health Committees of North Yorkshire County Council and East Riding of Yorkshire Council, (the Joint HOSC) using powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. The referral was about proposed changes to maternity services in north east Yorkshire, specifically those currently provided at and from hospitals at Whitby, Malton and Bridlington. These proposals had been set out in a consultation document, *A Future for Maternity Services,* by Scarborough and North East Yorkshire Hospitals NHS Trust (SNEYHT - the Trust) in December 2006.

1.3 The Joint HOSC submitted its reasons for the referral and detailed commentary on the proposed changes to the Secretary of State on 31 January 2008. The Secretary of State for Health wrote to the IRP on 20 February 2008 asking for advice on the referral. The IRP undertook an initial assessment of the facts presented and replied on 14 March 2008 advising the Secretary of State that a full review was appropriate. Terms of Reference for the review were set out in the Secretary of State's letter to Dr Peter Barrett, Chair of the IRP, on 15 April 2008. Copies of all correspondence are included at Appendix Two.

1.4 The Panel was asked to advise by 30 June 2008:

a) *whether it is of the opinion that the proposals for changes to maternity services provided by Scarborough and North East Yorkshire Healthcare NHS Trust (as set out in the decision of the Trust Board on 24 July 2007, will ensure the provision of safe, sustainable and accessible maternity services in Scarborough and north east Yorkshire, and if not, why not;*

b) on any other observations the Panel may wish to make in relation to the changes to maternity services and implications for any other clinical services;

c) in the light of (a) and (b) above, on how to proceed in the best interests of local people.

It is understood that in formulating its advice the Panel would pay due regard to the principles set out in the IRP's general terms of reference.

OUR PROCESS

How we approached the task

2.1 The Yorkshire and the Humber Strategic Health Authority (SHA) was asked to provide the Panel with documentation and to arrange site visits, meetings and interviews with interested parties. The SHA, together with the relevant Primary Care Trusts (PCT) and the SNEYHT, completed the Panel's standard information template. This can be accessed through the IRP website (www.irpanel.org.uk).

2.2 The Joint HOSC was also invited to submit documentation and suggest other parties to be included in meetings and interviews.

2.3 The Panel Chair, Dr Peter Barrett, wrote an open letter to editors of local newspapers on 22 April 2008 informing them of the IRP's involvement (see Appendix Five). The letter invited people who felt that they had new evidence to offer or who felt that their views had not been heard adequately during the formal consultation process to contact the Panel.

2.4 A sub-group of the full IRP carried out the review. It consisted of four Panel members - Gina Tiller, who chaired the sub-group, Nick Naftalin, Linda Pepper and Brenda Howard. They made four visits to north east Yorkshire, for a total of six days, reviewing the maternity facilities at Scarborough, Bridlington, Malton and Whitby and hearing evidence in formal sessions. The Panel secretariat accompanied members on all visits. Details of the people seen are included in Appendix Six.

2.5 Invitations were sent to local MPs to meet with or give evidence to the Panel. The Panel met Robert Goodwill MP (Scarborough & Whitby), on 9 June 2008. Anne McIntosh MP (East Yorkshire) and Greg Knight MP (Vale of York) wrote to the IRP about the proposals.

2.6 Gina Tiller, as chair of the sub-group, took evidence by phone from one GP with whom a meeting could not be arranged. Other contributors either presented their views in

person or submitted their comments in writing. The Panel received nine phone messages and 19 contributions made by email and letter.

2.7 Dr Peter Barrett, Chair of the IRP, visited the maternity units in Scarborough, Bridlington, Malton and Whitby on 29 April and had informal discussions with Trust managers and midwifery staff.

2.8 A list of all the written evidence received – from the SHA, PCTs, NHS Trusts, Joint HOSC, individual scrutiny committees, MPs and all other interested parties is contained in Appendix Seven. The Panel considers that the documentation received, together with the information obtained in meetings, provides a fair representation of the views from all perspectives.

2.9 Throughout our review of these proposals, the IRP's aim has been to consider the needs of patients, public and staff taking into account the safety, sustainability and accessibility of maternity services as set out in our terms of reference.

2.10 The Panel wishes to record its thanks to all those who contributed to this process. We also thank all those who gave up their time to present evidence to the Panel and to everyone who contacted us offering views.

2.11 The advice contained in this report represents the unanimous views of the Chair and members of the IRP.

THE CONTEXT

A brief overview

The locality

3.1 SNEYHT provides acute healthcare to a community of 220,000 people across an area of about 1,600 square miles.

3.2 The Trust serves one of the largest areas of all acute trusts in England. The overall population density is about one fifth of the national average, and it is only half even of this density in Ryedale, a large area inland of Scarborough. However, in the summer months visitors greatly increase - local estimates suggest as much as double - the population, adding to demands on healthcare services and making road travel unpredictable and generally slower.

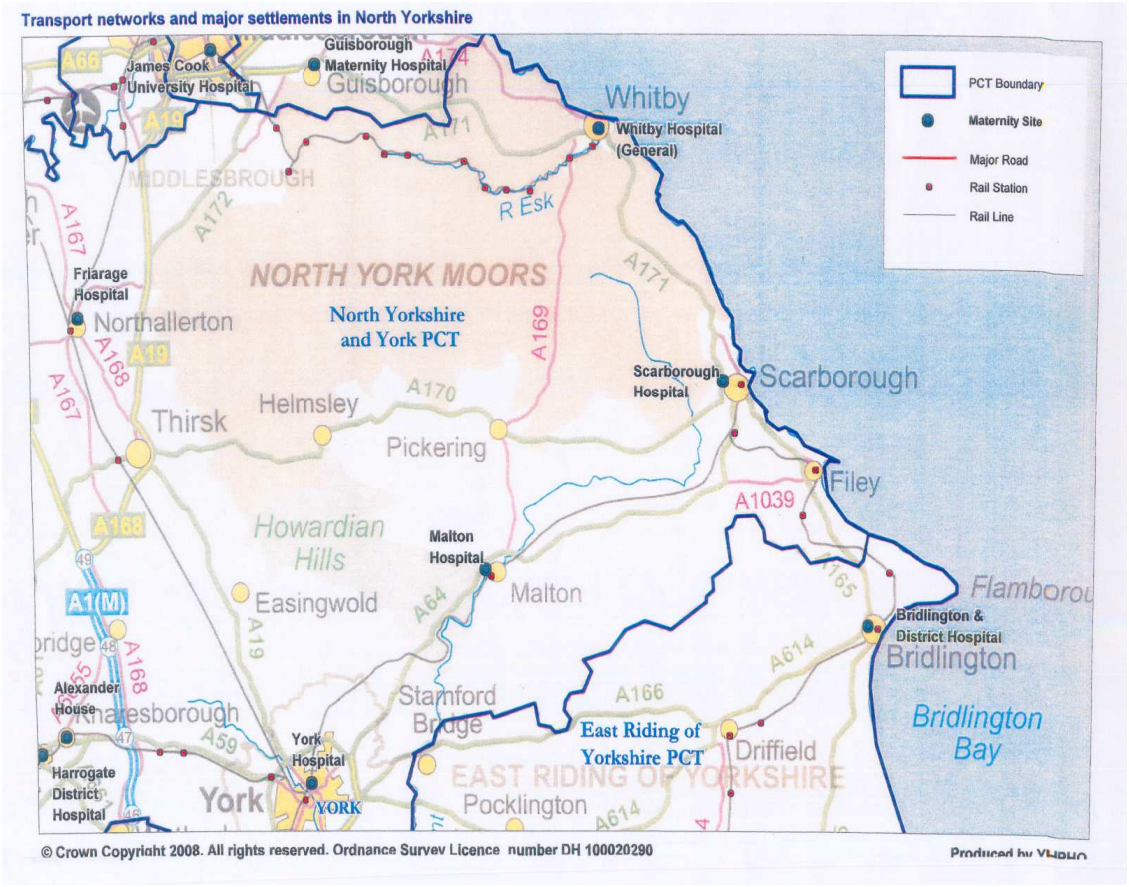
3.3 The main towns in the area are Scarborough (population around 50,000), Bridlington (32,000), and Whitby (13,500), all on the coast, but much of the population lives in smaller inland towns such as Pickering and Malton or in rural communities. Bridlington, Filey and Malton have direct rail links with Scarborough but otherwise the whole area is dependent on buses, taxis and private cars for transport. Travel by road is relatively slow - there are no motorway links or dual carriageways and many routes wind through uplands - and journeys may be lengthened by holiday traffic in summer and poor weather in winter. The map on the next page shows the local geography. Malton, Whitby and Bridlington are all about 20 miles from Scarborough.

3.4 The socio-economic profile of the district is mixed. The area is popular as a retirement destination - in Scarborough Borough, for example, 27.5% of residents are over 60 compared with 20.9% nationally. These percentages are reversed for the 20-39 age group. Ryedale is relatively affluent but thee are also areas of deprivation, especially in Scarborough and Bridlington, where teenage pregnancy rates are high, there are substantial numbers of lone parents, and an unusually high proportion of people in employment have only part-time work.

Service provision

3.5 The SNEYHT provides maternity services from four hospital sites:

- Scarborough Hospital, a district general hospital with full A&E service, where the maternity services are organised within a consultant-led unit.
- Whitby Hospital, Malton & Norton District Hospital and Bridlington & District Hospital, each of which supports births at home and in its own 'home-from-home' midwife-led unit (MLU). None of these units has access on-site to emergency clinical support or facilities.



3.6 The services of the SNEYHT are commissioned mainly by North Yorkshire and York PCT (NYYPCT) but also by East Riding of Yorkshire PCT (ERYPCT) for residents of the southern section of the area; the map shows the boundary between them.

3.7 Bridlington & District Hospital is owned by the SNEYHT (along with Scarborough Hospital) and provides inpatient cardiac monitoring and acute medical care, some day surgery, and a range of outpatient services. (The IRP has also been asked to review proposals for the reconfiguration of acute services at Bridlington and to report to the

Secretary of State by the end of July 2008). Malton and Whitby hospitals are community hospitals directly managed by the NYYPCT.

3.8 The SNEYHT was formed in 2002 and has had to overcome a range of financial and performance challenges. It is a relatively small Trust (income £108m for 2008/9) serving a widely dispersed population. In 2006/7, the Trust handled about 68,000 attendances at casualty, 17,500 emergency/urgent (non-elective) episodes and 19,000 planned (elective) episodes.

3.9 The Trust broke even in 2007/8, following a deficit of £7.2m the previous year; it had an accumulated deficit of £20.7m in March 2007 which is expected to be resolved over a number of years. Its principal PCT commissioner (NYYPCT) was created in 2006 (amalgamating Craven, Harrogate and Rural District PCT; Scarborough, Whitby and Ryedale PCT; Selby and York PCT; and Hambleton and Richmondshire PCT) and itself has faced financial difficulties.

3.10 In June 2008, the Chief Executive of the Trust, who had served since October 2006, announced that he was moving to another post within the NHS. An Interim Chief Executive has been appointed to provide a smooth transition for the Trust. The Deputy Chief Executive/ Director of Finance and Information resigned from her post and left the Trust at the end of June.

3.11 The SNEYHT's 2006/7 Healthcare Commission assessment was:

- Use of Resources: weak
- Quality of Services: weak

The maternity unit has CNST Level 1 accreditation.

INFORMATION

What we found

4.1 Extensive written and oral evidence was submitted to the Panel. We are grateful to all those who took the time to offer their views and information. The evidence put to us is summarised below – first an overview of the services provided; secondly an outline of the proposals, the reasons for the referral by the Joint HOSC and issues raised by others; and then what we learned about the specific aspects of the current position and the proposals which have not been resolved locally and therefore led to this referral.

The maternity service

4.2 In 2007, the SNEYHT maternity services 'booked' (registered for care) 2,129 women. All were provided with antenatal and postnatal care; 1,542 women gave birth in Scarborough Hospital, 17 at home with the support of midwives from Scarborough Hospital, and 98 in one of the MLUs or at home with the support of the MLU midwives. Others gave birth at maternity facilities in neighbouring Trusts - mostly in Middlesbrough to the north/north west and York to the south west. Just over a quarter of the births in Scarborough Hospital were midwife-led, though there are currently no dedicated MLU facilities.

4.3 This distribution of birth locations to some extent reflects the geography of the area. Malton, Whitby and Bridlington are all about 20 miles from Scarborough and roughly equidistant between Scarborough and other centres with maternity facilities, which are as accessible as Scarborough for many pregnant women in the communities served by the hospitals at Malton, Whitby and Bridlington.

4.4 The number of maternity bookings in the area fluctuates slightly but has been stable overall during the last four years. Local forecasts anticipate a gradual rise in the future, reflecting population growth, a recent national increase in the birth rate, and the impact of some immigration to the area from Eastern Europe. Office of National Statistics projections for North Yorkshire and East Yorkshire forecast that the population will increase by about 10 per cent in each of the next two decades but that the growth in those aged 20 to 39 will be about nine per cent and then six per cent - considerably slower overall.

4.5 The distribution of bookings between the four facilities has remained the same in recent years but there has been a sharp fall in the number of midwife-led births taking place in the MLUs and at home, shown in the table below.

MLU and home births

	2003	2004	2005	2006	2007
Malton	118	129	66	55	34
Bridlington	128	100	40	59	36
Whitby	77	81	54	48	28

4.6 In 2007, 1,157 women were booked and received antenatal and postnatal services from the midwife teams at Malton, Whitby and Bridlington but only 98 of those booked (8 per cent) gave birth in the MLUs themselves or at home; in 2004, the proportion was 28 per cent. (The number of home births supported by these teams has risen from 10 in 2004 to 26 in 2007 - 11 at Bridlington, nine at Malton, six at Whitby). Factors influencing the trends over the last six years include the withdrawal of GPs from involvement in supporting intrapartum care and a subsequent tightening of the criteria used by midwives in the MLUs to assess suitability for home or MLU births. In addition, staffing reductions led to the MLUs restricting their hours to 9 to 5 Monday to Friday and then more frequently to be closed on an irregular basis even at these times, thus restricting the number of women who might be able to give birth in them even where they had wished and been eligible to do so. The first year of marked decline in MLU births, 2005, was the reference point for the SNEYHT consultation document.

4.7 Regular consultant-led clinics, at which ultrasound facilities are available, take place in Malton, Whitby and Bridlington (as well as at Scarborough, where there is also a wider range of diagnostic services).

4.8 The Trust clinical team has five consultant obstetrician/gynaecologists, five consultant paediatricians and two staff grade doctors. Junior posts are recognised for training by the RCOG with some senior house officer posts specifically for GP training.

4.9 The midwifery department has 61 whole time equivalent (wte) midwives, 12 health care assistants (9.6 wte), five auxiliary nurses, seven neonatal nurses, nine staff nurses and three nursery nurses.

4.10 There is one team of midwives at each of the peripheral units. The rest are based in Scarborough, divided between a group of three integrated teams and a core staff in the maternity unit itself. The integrated teams have been set up since the consultation on maternity services started. The overall numbers of midwives have fallen steadily over the last four years, with a total reduction of 10 wte. All this change has been taken in the peripheral units, reducing their staffing by nearly 40 per cent (see table below; current peripheral unit wte figures are Malton: 4.2; Bridlington 7.2; Whitby 5).

Midwives (wte)

	Scarborough	Bridlington	Whitby	Malton
2004	35	8.5	8	10.03
2005	35	7.6	8	10.03
2006	35	7.6	5	7.81
2007	35.6	7.4	5	5.81

In addition, there were over this period 9 community midwives based in Scarborough. During 2008, these posts have been incorporated in the new integrated midwifery teams.

4.11 Each peripheral unit has two delivery rooms (including a water facility) and Scarborough five; there are four postnatal beds at Whitby, and two each at Bridlington and Malton. Scarborough has eight Special Care Baby Unit (SCBU) cots, 14 postnatal beds and 10 antenatal beds; currently seven beds have been taken over by for general medical use and are not available to the maternity services.

Consultation

4.12 The SNEYHT **consultation document** '*A future for maternity services'* (December 2006) outlined a number of proposals for service development and one issue on which alternatives might be available. The developments were:

- establish an integrated MLU at Scarborough Hospital, providing a new 'home-from-home' facility

- introduce integrated midwifery teams at Scarborough and reinforce those at the other MLUs, to improve continuity of care and choice for all expectant mothers and to improve services and support for vulnerable groups in the community
- more consultant obstetrician out-patient clinics at some locations
- continue and develop the home birth service.

4.13 The consultation document set out possible options for the future for giving birth intrapartum care) at the facilities at Malton, Whitby and Bridlington. The Trust described three possibilities:

1) the closure of these units to births, while maintaining community services and support for home births from the three locations
2) no change to current services - maintaining 'home from home' birth facilities, community services and support for home births at each location
3) further development at these locations to provide consultant support and emergency facilities so that all booked births could take place in them.

4.14 The Trust's own strongly preferred proposal was to close the units to intrapartum care (option 1). The consultation document made clear that developing a full range of clinical support at Malton, Whitby and Bridlington (option 3) was unlikely to be affordable or justifiable on cost-efficiency grounds and that it would not be possible to recruit and retain the necessary medical staff.

4.15 The Trust's **reasons for recommending closure** of the home birth facilities were: '*. . . patient safety and public misperception that delivery in these hospitals* (Malton, Whitby, Bridlington) *is safer than a home birth.*' The recommendation was placed in the context of proposals for substantial developments in other maternity services (see 4.12) with an indirect suggestion that these might be prejudiced by investment in maintaining the MLUs. But no substantive financial case was made for this and the proposed closures were firmly attributed to patient safety concerns.

4.16 Before starting the formal public consultation on these proposals, the Trust had held informal discussions with some stakeholder groups (North Yorkshire Scrutiny of Health Committee, Whitby Council, Scarborough Older People's Forum) and at a public meeting in Malton. The Panel saw no evidence of any Board discussion prior to their publication of

either the discussion document or the formal consultation document. Professional groups within the Trust appear not to have been involved in drafting the formal consultation document or, until the very late stages, in the public consultation.

4.17 The three-month consultation period ran from 21 December 2006 to 18 March 2007. During this period a range of sessions with stakeholder groups (including the Joint HOSC) was held and public meetings; written submissions were received from professional and community groups and individuals, and a petition was presented by the Save Bridlington Hospital Campaign Action Group. At some of the public meetings the maternity proposals were discussed alongside other possible service changes in the community hospitals.

4.18 On 3 April 2007, the Trust Board briefly reviewed the outcome of the consultation and agreed to postpone a full discussion and decision on the proposals until June 2007. This recognised the inadequate time to prepare a full assessment of the public consultation (which ended a week before the Board meeting) and also allowed opportunity for the forthcoming National Framework for Maternity Services (published as *Maternity Matters,* April 2007) *'. . . to be reviewed within the Trust and shared with key stakeholders'.* It would also allow the outcomes to be known of both a forthcoming Healthcare Commission audit of maternity services and of a visit to NHS Yorkshire and the Humber SHA on 10 April by Dr Sheila Shribman (Department of Health National Clinical Director for Children, Young People and Maternity Services).

4.19 The Trust also sought further **advice from the National Clinical Advisory Team** (NCAT). Professor Sabaratnam Arulkumaran, President of the RCOG, reported the results of his review on 29 May 2007 having visited Bridlington Maternity Unit earlier in the month. The report emphasised: the benefits which the proposed MLU at Scarborough would bring in adding choice of birth facilities for many women currently without access to, for example, a birthing pool; the advantages a co-located MLU could have for some women (access to epidural anaesthesia at short notice, the possibility of, for example, a mother with a history of asthma starting labour in the MLU when this would not be advisable at a more distant site); the potential professional advantages to midwives of working with a larger MLU, which would enable them to attend a good number of births and regularise on-call commitments; the improved facilities which could be provided for mothers' partners in a new unit; and the close proximity of the obstetric unit if problems arose during labour.

4.20 The NCAT review also noted that too little was known about why a significant proportion of women continued to express preference for delivering in one of the peripheral units and whether they were potentially vulnerable mothers who did not want to travel or, by contrast, the least vulnerable mothers. It made no comment on the safety for patients or otherwise of the peripheral MLUs but recognised that their current level of staffing made them difficult for the midwives to sustain.

4.21 The report supported the development of a MLU at Scarborough and the subsequent closure of the peripheral units and recommended a carefully managed transition programme with dates for openings and closures widely publicised well in advance and an extensive information programme to explain (and market) the choices that would be available and the facilities of the new unit.

4.22 The **Trust Board formally considered the consultation proposals on 26 June 2007** taking into account an extensive summary of the NCAT review. Neither the Board paper nor the discussion made significant reference to the implications of guidance in *Maternity Matters*. The Board paper stated: *'The overall conclusion, following the consultation with patients, the public, staff and national clinical experts is to develop a 'home from home birthing unit* [at Scarborough]*, which would replace units at Whitby, Bridlington and Malton.'* - proceeding with the preferred options in the original consultation paper.

4.23 No formal report of the results of the public consultation was provided but a summary was put to the meeting in a slide presentation. This showed that the public response was firmly in favour of no change (that is, maintaining intrapartum services at the peripheral MLUs), and this was supported by the regional office of Royal College of Midwives, the local National Childbirth Trust, the East Yorkshire PPI Forum, some GPs and the Joint HOSC. The Trust consultants, some GPs, both the PCT commissioners and the Maternity Services Liaison Committee supported the closure of the peripheral units '*on the grounds of clinical safety'*.

4.24 The Trust Board postponed a decision on the proposals pending further discussions with the Joint HOSC, which did not accept that intrapartum care service closures were appropriate or necessary. A further two meetings with the Joint HOSC were directed at

finding a locally agreed solution to the impasse. On 24 July 2007, the SNEYHT Board considered the proposals again and formally determined to proceed with the development of a MLU at Scarborough, followed by the closure of the intrapartum services at Malton, Whitby and Bridlington; the Board also agreed a process for this programme which closely followed the recommendations of the NCAT review.

4.25 The **Joint HOSC remained opposed to the closure** of the Malton, Bridlington and Whitby MLUs and referred the decision to the Secretary of State on 20 November 2007. In its subsequent Report submitted on 31 January 2008 supporting this referral, the Joint HOSC commended the openness of the consultation process and endorsed the proposals for a midwife-led unit at Scarborough and other service developments. But it objected to the closure of the intrapartum services on the grounds that:

- the assessment of risk associated with the current MLU services was inconsistent with the assumptions underpinning national choice guidelines
- no evidence had been provided that the local services had an unusually poor safety record, or faced particular difficulties which might nevertheless justify their closure
- no evidence had been provided of a public misconception that MLUs are safer than home births either existed or posed a significant problem for the management of a safe service
- the decision ran contrary to national policy guidelines on the provision of local facilities and had not properly taken account of the high value placed on the MLUs by their local communities, clearly and strongly expressed in responses to the consultation
- inadequate financial information had been provided to deal with community concerns about the long-term viability of local health services, especially the community hospitals which would lose a current facility under the Trust's proposals.

Evidence provided to the Panel

4.26 The Panel held a total of 24 face-to-face meetings with a wide range of stakeholders in the maternity services including midwives from all the units, the Joint HOSC, the management and Board members of the SNEYHT, senior staff from the two PCTs and the SHA, hospital clinicians and GPs, and patient and community representatives. Appendix 6 lists the people who gave formal evidence. We also met informally with some of the women

attending antenatal and postnatal sessions in Malton, Whitby and Bridlington. The IRP also received during the review, and took into account, 19 letters and emails and nine phone calls about the proposals.

4.27 Those who gave evidence to us variously spoke for or against the closure proposal citing issues raised in various ways in the consultation and the feedback it generated. The views expressed and the information provided are summarised in relation to safety, accessibility and sustainability, the key criteria against which the IRP has assessed the SNEYHT proposals.

Safety

4.28 Scarborough obstetric and paediatric consultants voiced strong concern about the **risks attached to the transfer times** from the peripheral units, especially taking into account their unpredictability in holiday periods and in bad weather; some confirmed that they would prefer home births to cease for the same reason. Representatives of the PCTs and the SHA supported the Trust's proposal on grounds of safety. Other contributors emphasised national guidance on choice and access and its encouragement of birth at home and in MLUs where screening did not contra-indicate these, and the high value which the communities placed on locally accessible facilities - especially taking into account the cost and difficulty, for some, of travelling to Scarborough (or another major hospital). The Joint HOSC concluded that there was a fine balance between the competing arguments on risk but that the *'case for patient safety was not evidenced with regard to the three outlying units as their safety record is in line with national averages for these types of maternity units, and the National Policy Guidance is promoting choice in planning the place of birth'*.

4.29 Midwives in the peripheral units referred to the very small number of occasions over the last 18 months where an urgent transfer had been necessary, to the tightening of protocols in 2005 which determined their decisions about appropriate locations for giving birth, and to the obligation they undertook to explain choices to all mothers - including possible risks - and to obtain signatures supporting the choices which were made.

4.30 **Geography and the road network** dictate that the transfer time from any of the MLUs would normally be at least 30minutes. If an ambulance was not immediately available and/or summer traffic or winter weather conditions were unfavourable, transfer times could be double this or, exceptionally, even longer. Yorkshire Ambulance Service (YAS) confirm these transfer times.

4.31 The Panel's attention was drawn to the '**30-minute' rule**, originally defined by the American Association of Anesthesiologists, as a possible yardstick for assessing maximum transfer times. However, the 30-minute rule is a specific clinical guideline for carrying out an emergency caesarean section *once the decision has been made to operate* and has not been published or endorsed as a guide to acceptable transfer-to-hospital times.

4.32 The SNEYHT confirmed that safety statistics for its maternity services are in line with experience elsewhere.

4.33 The Panel was told by the obstetricians and the Trust Medical Director that nevertheless there had been a number of **safety incidents** over a period of perhaps four years, causing sufficient concern to have focused attention on the dispersed structure of the service, and at least indirectly to have prompted the proposal to close the peripheral MLUs. Summaries of investigations into seven serious untoward incidents (SUIs), which took place in two clusters (2004 and 2006), incident reports for the peripheral units, and a maternity safety overview prepared by Yorkshire and the Humber SHA were provided.

4.34 The group of four incidents in 2004 all took place at Scarborough Hospital. (In one, the mother began her labour in a peripheral MLU but was transferred with her consent to Scarborough because of slow progress and had already been there for a long time before a decision was made to conduct a caesarean.) None had any bearing on the safety of, or transfer times from, peripheral MLUs.

4.35 Two of the three incidents in 2006 also took place at Scarborough. The third, in which a woman with a previously undiagnosed breech presentation was transferred from an MLU to Scarborough, was the only case in which the transfer time was recognised as a significant factor in the outcome.

4.36 Yorkshire and the Humber SHA maternity safety review gave data about the level of SUIs across the region and concluded that the rate of such incidents in relation to numbers of births in SNEYHT was double the regional average. However, the peripheral units were not involved in most of the cases; and the small numbers of SUIs taken into account in the period reviewed make it difficult to draw any firm conclusions about relative rates of incidence.

4.37 The routine incident reports show that, as is expected, labour and delivery do not always go smoothly and many decisions have to be made by midwives about appropriate management, risk, and the need where necessary for timely transfer to the care of an obstetrician. The reports do not suggest a high degree of risk associated with the MLUs but act as a reminder of the need for clear protocols and careful adherence to them.

4.38 Consistent with the Trust's assessment of its overall safety record: there has been no SUI for 18 months; the numbers of births taking place in the MLUs has fallen, partly because protocols have been tightened; the numbers of births before arrival (BBA) fluctuates but in many cases the women were booked to deliver at Scarborough, not one of the MLUs (underlining that some BBAs are always likely to occur where the place for delivery is some distance away).

4.39 The SNEYHT placed heavy emphasis in its consultation document on '***public misperception*** *that delivery in these hospitals* [Bridlington, Malton, Whitby] *is safer than a home birth'*. This was put forward, alongside patient safety generally, as a second reason for recommending the closure of the units.

4.40 No evidence has been provided that this is a significant issue, either in the form of patient/local community surveys or structured feedback from users of maternity services, or from information about attendance for labour at the MLUs and transfers from them. The Chief Executive's slide presentation summary of feedback to the public consultation at the Trust Board meeting in June 2007 acknowledged '*General recognition that births in peripheral units were the same as home births'*. Midwives and pregnant women who spoke to the Panel, many of whom also had young children, emphasised continuity of care, accessibility and natural delivery (including availability of water facilities) as the main factors driving choice of delivery in a MLU. There was no indication of midwives being

put under increasing pressure to manage deliveries which in their clinical judgement should have been transferred.

4.41 The current protocols require midwives in the MLUs to explain the limits to facilities and absence of clinical support in their units (including, for example, that there is no access to epidural anaesthesia) and the possible risk implicit in the distance should transfer to an obstetric unit be urgently required. Women are asked to confirm in writing that this has all been explained.

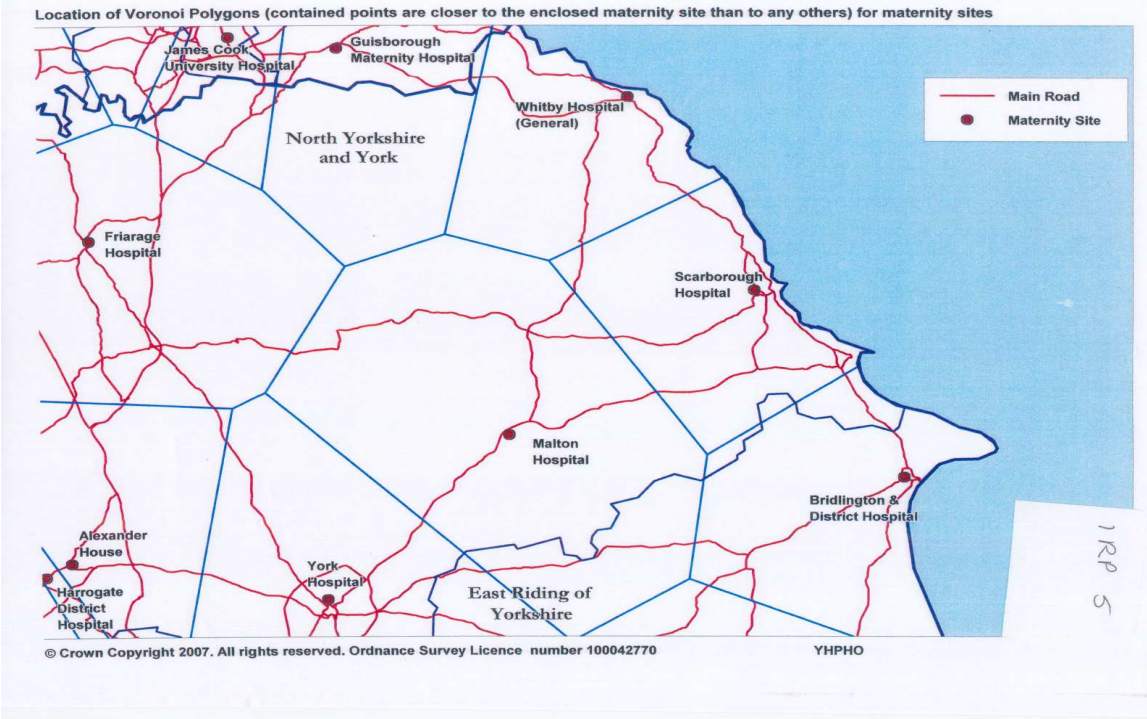
4.42 Both the consultation document and evidence given to the Panel suggested that the current structure of MLUs is already, or might over time, limit the professional skills of some midwives and therefore impact on safety. There is now well under one birth a week in each of three units, which means that each midwife attends only a handful each year and will therefore not readily maintain experience of dealing with a variety of deliveries. This is principally a sustainability issue (see 4.64 – 4.70).

Accessibility

4.43 At present for about half the population served by the SNEYHT the nearest maternity service is based in one of the three peripheral hospitals. For those expecting a straightforward birth and who choose to have this midwife-led, the nearest locations for this - apart from their own homes - is one of the MLUs.

4.44 For the other half of the population, principally in and around Scarborough itself, delivery in a MLU is not available, although within the maternity unit at Scarborough, straightforward births are routinely managed by the midwives without direct involvement or supervision from an obstetrician.

The map on the next page shows the ’localities’ of the hospital units.



4.45 The consultation document proposed the creation of a stand-alone MLU on the Scarborough site, managed by integrated midwifery teams providing antenatal and postnatal care, and supporting births at home and in the unit itself where these are appropriate and chosen. This proposal has been widely welcomed. The shell of a new purpose-built unit is already in place (within a larger development) and its completion and commissioning is anticipated by the end of 2008.

4.46 We were told by the Trust that this facility and its services will enable the Trust to respond to national guidance in *Maternity Matters, Making it better for Mother and Baby (April 2007)*, and *NICE Guidance: Care of women and their babies during labour* (September 2007), about the provision of choice of location and types of care for a large group of residents who currently do not have this choice. The introduction of integrated midwifery teams also provides opportunities to deliver better support for disadvantaged and potentially vulnerable groups in the Scarborough area - we were told that the town has one of the highest teenage pregnancy rates in Yorkshire, for example.

4.47 The Trust emphasised that since the MLU will be sited very close to the obstetric unit in the same hospital, this gives rapid access to clinical help if problems arise and to some

flexible services for women during labour - for example, to transfer to the obstetric ward in order to have an epidural anaesthetic even if this was not the initial choice.

4.48 The Trust's proposal to close the delivery facilities in the midwifery units at Malton, Bridlington and Whitby reduces access to MLUs for about half the population. Although community services would be maintained from the same sites, and local consultant sessions maintained or expanded, all women except for the small number likely to opt for a home birth, would have to go to Scarborough (or York, Hull, Northallerton, Middlesbrough) to give birth. As well as the cost and, for those without a car, potential difficulty of getting to these locations, this will not necessarily increase continuity of care. Although midwives from Malton, Whitby and Bridlington would be rostered to work sessions in both the MLU and obstetric units at Scarborough, the chances of being supported by a known midwife there during labour will not necessarily be good.

4.49 Some of those who gave evidence to the Panel and/or commented on the consultation document also emphasised the importance of locality for midwifery services. This encompassed a number of observations, hopes and expectations - mothers who were themselves born in one of the peripheral hospitals and wanted to have their own children there; attachment to one's own town and a sense of Scarborough as not local; a suspicion that local hospital services more generally were under threat and that ending delivery at them is another step towards their eventual closure; the association of the local service with continuity of care by the same midwives across pregnancy, delivery and postnatal support; and the importance of locally based services working with disadvantaged groups (recognised deprivation in Bridlington was specifically identified in this context, for example).

4.50 In its response to the proposals, the Joint HOSC noted that support for the peripheral hospital midwife-led birth facilities had been strongly expressed during the consultation but not responded to effectively when the SNEYHT made its subsequent decisions. in the Joint HOSC also highlighted a sense of injustice that welcome proposals for improving accessibility and choice for part of the population should apparently require choice and accessibility to be reduced for another part; and that this change favoured the 'big town' residents at the expense of the rural community.

4.51 In practice, access to MLU delivery facilities at Malton, Whitby and Bridlington is currently very restricted. As described (see 4.5) the numbers of home and MLU births is below 10 per cent of total bookings through these units. Typically, national experience suggests that 30 per cent to 40 per cent of pregnancies meet the criteria for a 'normal' midwife-led delivery and this is the planning assumption for the new MLU at Scarborough in the draft midwifery staffing plan prepared by the SNEYHT. The stricter protocols used in the peripheral units (because of their distance/travel time from the obstetric unit) are likely to keep the numbers below these levels - estimates given to us by midwives in these units suggest that they might anticipate up to 20 per cent of their 'bookings' to be able to deliver at home or in the MLU if 24-hour cover was available.

4.52 The NCAT review said that the small number of women giving birth at the peripheral MLUs might suggest that it is the choice of most women to go to Scarborough. However, the evidence we received strongly suggested that the small number of midwife-led births is at or about its lowest ever level at least in part because the MLUs have very limited midwife cover, so that many women who book to deliver in them are in the event unable to do so. Others may not book for an MLU because they want certainty and predictability, which the units cannot at present provide. The number of women who, in 2007, would have lost the opportunity to give birth in a local MLU had this service been withdrawn completely was under 100. But the true extent of loss of choice relates to the number who would use the MLUs or give birth at home if there was 24-hour midwifery cover. Estimates put this number at up to perhaps 250.

4.53 An important issue emphasised in the consultation and in evidence to the panel is **transport** - its availability (including at short notice) and cost. The consultation document makes commitments to planning improvements:

'*. . . we, alongside the PCT, are committed to improving access to our current services and ensuring that any new service models build in robust plans for making our services accessible to local people. We have reviewed the way in which expectant mums currently use our services. Understandably, it is people without access to their own vehicle or that of a friend, relative or neighbour, particularly in outlying areas, that currently face the greatest difficulties. We will minimise the burden of travel that falls on this group of expectant mums under any future agreed service model . . . . we are setting up a review*

group to look at how we can best support expectant mums who may be dependant on public transport, to explore options to alleviate the issues raised by the proposals put forward in this document. Initial discussions have identified the following possible solutions:

- *Ensure timing of appointments maximises people's ability to use travel cards and discounted fares*
- *Taxi vouchers and national travel tokens'.*

4.54 A similar commitment was made to ensuring that: '*high quality, responsive ambulance services are available to ensure the timely and safe transfer of patients to the most appropriate hospital site to receive specialist care.'*

4.55 The Panel was told that a trial bus service between Bridlington and Scarborough Hospitals has recently started (May 2008). In addition, Yorkshire Ambulance Service will soon be adding two more vehicles and appropriate staff to the base at Bridlington. Both these developments may help improve accessibility to Scarborough for maternity service users, though both have been introduced because of the proposed reconfiguration of acute services at Bridlington, the subject of a separate consultation. Yorkshire Ambulance currently anticipates that the additional demand on it if the peripheral MLUs were to close could be accommodated within their existing capacity, though they would want confirmation that midwife support would be available for transfers.

4.56 There has been no detailed work to assess transport needs for the communities served by Whitby and Malton Hospitals despite the commitment of the Trust to review this.

Sustainability - Finance

4.57 The consultation document provided no financial information beyond a general statement: *'The two PCTs and the acute hospital Trust did not achieve financial balance in 2005/06. Undoubtedly all organisations face significant financial challenges in the years ahead, however the nature of healthcare means that there will always be demands to spend more than is made available and it is therefore important that we ensure that all available funding is put to the best possible use. These proposals for consultation have therefore been developed with the aim of maximising the patient benefit by making the best possible use of that funding and by ensuring value for money'.*

4.58 During the consultation the Trust said in response to questions from the Joint HOSC and local residents that the proposals had not been driven by the need for spending reductions. But the Panel was told that the Trust had also referred during public meetings to savings of £400,000, the notional cost to the Trust of 'renting' the maternity facilities at Malton and Whitby from NYYPCT. At the June 2007 Trust Board meeting, this figure was referred to as the 'maximum' saving which might come from closing the peripheral units. Subsequently the Trust confirmed that this saving will not be made: the consultation proposals assume continued occupation of the facilities as the base for the midwives and their community services; if the facilities were vacated, other premises would be needed; and if the 'rent' were not paid to the PCT, its resources would be reduced and hence its budget for commissioning from the SNEYHT.

4.59 By mid 2007, the Trust had identified a significant inequity in the payments it received for midwifery services at Malton and Whitby. Tariff payments are based on place of delivery so no income has been generated for mothers who booked for and received ante- and post-natal care at Malton or Whitby but chose to deliver their babies in York, Northallerton or Middlesbrough (that is, outside the SNEYHT). Costs for maternity services at these two units have been calculated as exceeding tariff payments by more than £200,000. At its July 2007 meeting, the Board approved '*an early move to negotiate a local tariff arrangement with the North Yorkshire & York PCT whereby the current national tariff for maternity services is split to recognise two elements of the payment - one payment for antenatal and postnatal care with a separate payment for delivery.'* These negotiations are taking place but have not yet been concluded.

4.60 From the staffing figures provided by the Trust, the Panel understood that maternity services have contributed to the savings made by the SNEYHT over the last two years to overcome a substantial deficit. The Trust has not provided a figure for the total cost of its maternity services, but there has been a significant fall in the number of midwives - from 70.5 in 2004 to 61 wte at present (see 4.10). Most of the reduction has been in the peripheral units, where departing staff have not been replaced.

4.61 The draft maternity staffing plan which would support the implementation of the proposed new service arrangements requires a minimum of 84.4 wte midwives, 10.5 wte maternity

support workers, and 3.5 wte clerical workers. Although no formal figures are available, the Panel understands that the additional staff costs compared with the current establishment might be in the region of £750,000 per year. Despite public concern that the proposals in the consultation document were part of a cost-cutting exercise, they can be implemented only by significantly increasing spending on maternity services. The split tariff discussions (4.58 above) would contribute to this total.

4.62 Some of the staffing requirements are externally driven - for example, to meet the expectations set out in *Maternity Matters* and the implications of the Working Time Directive. Negotiations with the two PCTs are taking place on contract payments for 2009 when *Maternity Matters* objectives have to be met, but the Trust has so far not obtained additional resources for the current year to enable changes to be taken forward. The capital required to complete the MLU at Scarborough is secure. The Trust has indicated that a maternity service for its large area with a low population density which meets the requirements of *Maternity Matters* and the Working Time Directive may require long-term continuation of the tariff-plus funding that it currently receives.

4.63 The Panel understands that no alternative plans had been made for the eventuality that the implementation of the proposals as consulted on proves impossible.

Sustainability - Staffing

4.64 At present there are 4.2 wte midwives at Malton, 7.2 wte at Bridlington and 5 wte at Whitby (see 4.10). Since the withdrawal of GP support, the units have formally restricted their hours to daytime from Monday to Friday while maintaining an on-call roster for as much of the week as possible to attend women in labour.

4.65 As the number of midwives has fallen, their ability to support deliveries on this basis has also declined. In the six months to March 2008, the service at the three units was suspended 48 times. Malton Hospital maternity unit has on average been closed for 17 days each month. Fewer than one third of women booking for home or MLU birth currently deliver in their chosen place.

4.66 The Scarborough maternity service was closed once in this period; priority of necessity is given to maintaining the main unit where obstetric consultants and facilities are also

available. On some occasions a peripheral unit has been closed because midwives have been called in to provide cover at Scarborough.

4.67 Even the present inadequate service is being maintained partly through the goodwill and dedication of the midwives, who have been prepared to impose on their domestic lives by committing to a high level of time on call. Anticipated further staff losses (for example, to retirement) would further erode the service.

4.68 One option suggested to the Panel for providing a more sustainable service might be for the peripheral units to support one another by sharing cover duties. The Panel heard that this would not be practical because of the distances between the units and the nature of the roads connecting them

4.69 The Trust's draft maternity staffing plan provides 8.5 wte midwives at each of Malton, Bridlington and Whitby. Staff at the units confirmed that this would enable them to restore the 24-hour cover necessary to meet the national commitment to offer the choice of home birth. Although each midwife would attend very few home births in a year, they would be rostered regularly into Scarborough and thus maintain a wider professional experience. The draft Maternity Workforce Plan envisages that typically one midwife from each peripheral unit would be on duty in Scarborough at any one time.

4.70 The staffing required for the preferred Option 1 returns the units at Malton, Bridlington and Scarborough to similar levels to the midwifery establishments available when they were providing a 24-hour service and delivering on average 100 babies each year in the hospital MLUs. The midwives in the units estimate informally that they might each need some further staff to restore a reliable home and MLU birthing service.

OUR ADVICE

Adding value

Introduction

5.1 The Secretary of State for Health asked the IRP to consider whether the proposals for changes to maternity services set out in the decision of the Scarborough and North East Yorkshire Hospitals Trust in July 2007 would ensure the provision of safe, sustainable and accessible maternity services in Scarborough and north east Yorkshire.

5.2 The proposals are quite small scale in relation to the overall services of SNEYHT and the numbers of women currently using services which would cease. But the proposed changes have also to be seen in the wider context of national guidance on choice, the potential and historic use of these services, community concern about the future of three small local hospitals from which services would be withdrawn, and well publicised financial problems facing the Trust and its commissioning PCTs. It is therefore not surprising that they have provoked a lengthy and energetic debate.

5.3 The North and East Yorkshire Joint Scrutiny of Health Committee undertook a very thorough analysis of the proposals and produced a challenging response to the formal consultation. During the consultation and over the following months there was a series of meetings between the Trust and the Joint HOSC to clarify and discuss the proposals. When the Trust, supported by the PCTs, confirmed its decision to close the maternity units at Malton, Bridlington and Whitby to intrapartum care the Joint HOSC decided on referral, supporting its objection to the proposals with a comprehensive report on the local issues and associated national guidance. The referral was made on the grounds that the proposals were not in the interests of health services in the area.

5.4 In reviewing the Trust's proposals and the objections of the Joint HOSC we have considered what it and others told us, and the information and perspectives provided, against the requirements for **safety, sustainability and accessibility** set out in our terms of reference.

Core services

5.5 SNEYHT is a small acute Trust but serves a very big geographical area, much of which has a low population density. Scarborough, the biggest population centre, is also at the area's furthest point from the nearest cities with acute hospitals, which are about 40 miles away.

5.6 In the summer visitors as much as double the number of people in the area. They are particularly attracted to the coastal towns and villages, which are also distant from the cities to the north, west and south.

5.7 It is essential to maintain a high quality acute district general hospital in Scarborough to serve these relatively isolated but substantial resident and visitor communities.

5.8 An important component of this acute hospital is a consultant-led maternity service, providing specialist facilities and clinical support to mothers who need this. In 2007, the SNEYHT maternity service delivered 1,657 babies. Even if more of the women living around the edges of the SNEYHT catchment area in future chose to have their babies in Scarborough instead of York, Hull, Northallerton or Middlesbrough, and taking into account a modest increase in population, deliveries are likely to remain under 2,000 per year. This means it will remain one of the smallest in the country for numbers of births, and is likely to require careful management to secure its continuing viability.

5.9 The Trust recognised in its evidence to us the challenges its size posed for maintaining acute services while meeting new medical staffing requirements but being unable to take advantage of economies of scale. It described some aspects of clinical practice and use of facilities which it was aware would need to change in order to maintain a full range of services. The Panel agrees with this assessment, and specifically that change and development will be needed to maintain a viable maternity service. This is a key challenge for the North Yorkshire & York and East Riding of Yorkshire PCTs as well as the Trust. The provision of high quality services in Scarborough is important for everyone in the SNEYHT catchment area - those living in and around Whitby, Malton and Bridlington as well as in and near Scarborough.

Recommendation One

It is essential for the people in the whole of the SNEYHT catchment area that the consultant-led maternity service at Scarborough is maintained. This will require PCT as well as Trust commitment and leadership and an innovative approach. Clinical networks need to be further developed with neighbouring Trusts.

Scarborough midwife-led unit

5.10 The Trust's proposals to develop a MLU on the Scarborough site, alongside the consultant-led maternity services and operated by integrated midwifery teams, have been welcomed in principle by all stakeholders. This should enable the three choices of birth location set out in national guidance to be offered to the approximately half of the community served by the SNEYHT for whom it is currently not available. For those within the Scarborough area it should also enhance continuity of care and provide the opportunity for greater support to be provided for vulnerable women.

5.11 Because of its co-location with the consultant-led services, no safety reservations have been expressed about this new MLU. Its location should enable some women with to begin their labour in it who would not be able to use a more distant midwife-led facility because of the stricter protocols they have to use. The possibility of access to epidural pain relief may make the unit at Scarborough Hospital an attractive option for some women.

Recommendation Two

The IRP supports the development of the MLU on the Scarborough site, which will add to the quality of the services provided.

5.12 The new unit needs to establish and maintain its separate identity to ensure that it delivers the full benefits of its facilities and of midwife-led birth. It is important that it does not lead to an increase in medical interventions because of its proximity to the consultant-led obstetric unit. Careful attention needs to be paid to the design and furnishing of the unit to ensure a welcoming environment for mothers and their families.

Recommendation Three

The Trust must ensure that staffing is sufficient to ensure that the operation of this unit is not compromised by foreseeable needs of the consultant-led service and should also ensure that effective protocols are in place to enable as many women as possible who choose to give birth in a 'home-from-home' environment to do so.

The MLUs at Malton, Whitby and Bridlington - safety issues

5.13 The Trust has consistently argued that the closure of intrapartum care at the peripheral units is necessary on safety grounds. The Joint HOSC questioned the evidence for this conclusion and emphasised in its referral that it was not persuaded that a convincing case had been made.

5.14 National guidance that, where there are no complications, women should be offered the opportunity to give birth at home or in a MLU implicitly endorses the acceptable safety of managing delivery without immediate access to consultant obstetric support or the facilities of an acute hospital. The IRP has reviewed and accepted this approach in other reports.

5.15 The debate in north east Yorkshire has centred on the issue of whether travel distances and times between the MLUs and Scarborough Hospital are sufficient to create an unusual level of risk if (or when) an unforeseen crisis occurs during labour which can be managed only by withdrawing the facility to give birth in the peripheral MLUs.

5.16 There is no national policy defining maximum acceptable distances or transfer times between home or stand-alone MLU and acute obstetric support. There are other MLUs which are at least as far from a major acute hospital as those in north and east Yorkshire. In addition, the problem of transfer time applies equally to home births - for which, indeed, delays may be longer because it may be more difficult for an ambulance to reach the patient when first called.

5.17 The Trust's consultant obstetricians have made clear their opposition to stand-alone MLUs for safety reasons. They are also opposed to home births but accept that under national

policy choice has to be available. The PCTs and SHA seem to have accepted rather than challenged their views on the safety of stand-alone MLUs.

5.18 The Trust recognises that the safety record of its MLUs services is similar to that achieved elsewhere in the country, despite the large geographical area they serve and the travel distances and times which this implies. Other evidence provided to us does not demonstrate that there has been, or currently is, an inherent safety problem with the stand-alone MLUs.

5.19 The Trust also argued that there was a potentially dangerous perception among expectant mothers that the peripheral MLUs are safer places to give birth than their own homes. If there are misunderstandings about what 'hospital' means in relation to clinical back up for delivery, this creates a safety issue only if women choose to deliver in a MLU and then, if problems arise during pregnancy or in labour, refuse the advice of the midwifery team to transfer to Scarborough or another acute hospital at the appropriate time. The Trust presentation about the responses to consultation at its decision-making meeting in July 2007 appears to indicate that most mothers understand that MLUs do not have 'hospital' back-up.

5.20 We agree with the Joint HOSC that the Trust has not shown that the work of the peripheral MLUs poses any greater risk in this part of Yorkshire than that accepted by similar units elsewhere, nor that public perceptions about them are unusual in this area.

5.21 The case for closing the peripheral MLUs to deliveries on safety grounds is poorly supported. There is evidence of a range of training, management and protocol issues within the midwifery service in the past which may have undermined confidence in its professional discipline and helped create uncertainty about risk management. Changes over the last two to three years appear to have addressed these issues.

The MLUs at Malton, Whitby and Bridlington - sustainability issues

5.22 Little attention has been paid in the development of, and consultation about, the proposals to the sustainability of the midwifery service generally or specifically of the peripheral MLUs.

5.23 The number of births in the peripheral MLUs has fallen sharply over the last three years. This has been due to the withdrawal of GP support, subsequent tightening of selection protocols, and a gradual reduction in midwife numbers which has increasingly limited the days on which the units are 'open' to women in labour.

5.24 The Trust's internal draft proposals for restoring the staffing to 8.5 midwives in each unit should provide the capacity for antenatal and postnatal care, cover for home births and regular rostering into the MLU and/or consultant-led services in Scarborough. The MLU midwives recognise this as a realistic staffing level. These proposals still have to be agreed with the PCTs.

5.25 The Trust has not recently experienced difficulty recruiting midwives. Although there is expected to be increased national demand as Trusts have to meet the obligations set out in *Maternity Matters*, there is optimism that the attractions of living and working in Yorkshire will continue to be an effective draw.

5.26 However, the number of home births will be low - it is unlikely that each midwife in these units will support more than five or six each year. They will depend heavily on their rostered time at Scarborough for maintaining a good range of professional experience, alongside a full role in providing antenatal and postnatal care in their local communities.

5.27 To restore a 24-hour MLU and home birth service at Malton, Bridlington and Whitby might require perhaps two further midwives in each unit, an apparently attractive possibility for a relatively small staffing addition. But the Panel concluded that this option was unlikely to be sustainable because:

- The numbers of births in the MLUs would be modest - estimates range from 50 to 100 in each unit each year, perhaps twice the present total overall, but still very small for stand-alone MLUs. To achieve this level, individual midwives would have to maintain a high level of on-call commitment in addition to regular rostered shifts at Scarborough. The protocols applied to manage risk since GP support was withdrawn have in practice permanently reduced the potential number of births likely to take place in these units.
- Maintaining the MLUs at this level would divert births from the Scarborough unit, potentially undermining its viability. The Panel considered that a sustainable

Scarborough maternity service (MLU and consultant-led) must be the overriding priority for the Trust.

- The Trust's maternity services are already receiving tariff-plus financial support and require substantial investment to manage the impact of the Working Time Directive and meet the requirements of *Maternity Matters*. The IRP does not consider it realistic to raise expectations that further resources would be available.

5.28 The Panel noted that the advice received by the Trust from NCAT also concluded that the peripheral MLUs were unsustainable.

5.29 The midwives themselves in the peripheral units made clear in their evidence to the Panel that, for them, the present situation cannot continue. Despite their best efforts they are unable to offer a reliable service and are placed in the position of offering choices which are not deliverable. Very few mothers, however clinically suitable for and enthusiastic about using the MLUs in Malton, Whitby and Bridlington, are able to do so, defeating their purpose in providing locally accessible services

Recommendation Four

The operation of MLUs at Malton, Whitby and Bridlington is not of itself unsafe. But the Panel does not consider that a network of four MLUs providing intrapartum care across Scarborough and north east Yorkshire can be sustained for the relatively small catchment population. The units at Malton, Whitby and Bridlington should close to intrapartum care once the new MLU at Scarborough is fully operational.

5.30 The Trust proposals include a commitment to strengthen the midwife teams in Malton, Whitby and Bridlington, to increase the number of community locations in which antenatal and postnatal services are provided, and to extend consultant-led sessions in the community hospitals. The Panel welcomes the emphasis on the importance of all aspects of maternity care and of providing services other than birth facilities as locally as possible.

5.31 However, the Panel was concerned that, while in the immediate future the midwifery teams would remain based in their current facilities, their location in the longer term was not

clear. It is important that the Trust and the PCTs involve both midwives and local communities in determining the most appropriate and convenient locations for these services.

Recommendation Five

Full antenatal and postnatal services should continue to be provided locally by the community midwifery teams at Malton, Bridlington and Whitby, as should support for home deliveries.

5.32 The Panel was very impressed by the commitment and dedication of the staff in the MLUs. From the evidence of midwives and the Trust that the present limited service in the peripheral units is maintained only because many of the midwives put themselves under substantial personal pressure by covering extra nights; and the small numbers of births they attend limits their professional satisfaction and professional development.

5.33 This unacceptable position has occurred because over a period the Trust has not replaced midwives who have retired or left for other reasons. Because of the need to maintain the central service in Scarborough, the impact of this policy has been greatest in the peripheral units. It will take time to complete the facilities, commission and ensure that the new Scarborough MLU is fully operational. The existing MLU midwifery staffing levels must be strengthened in the meanwhile

Recommendation Six

It is essential that the staffing levels in the Whitby, Bridlington and in particular the Malton midwifery teams are strengthened immediately as they have been allowed to run down to unacceptable levels over recent years. Their midwife-led 'home-from-home' birth facilities should continue, supported by additional staffing, pending the full commissioning of the MLU at Scarborough.

Accessibility issues

5.34 The Trust proposal to close the delivery facilities in the midwife-led units at Malton, Bridlington and Whitby will make it more difficult for expectant mothers in these areas (about half the Trust's catchment population) to get to an MLU. Although community

services will probably be maintained from the same sites, and local consultant sessions maintained or expanded, all women except for the small number likely to opt for a home birth, would have to go to Scarborough (or York, Hull, Northallerton, Middlesbrough) to give birth. As well as the cost and, for those without a car, potential difficulty of getting to these locations, this will not help continuity of care. Although midwives from Malton, Whitby and Bridlington would be rostered to work sessions in both the MLU and obstetric units at Scarborough, the chances of being supported by a known midwife there during labour will not necessarily be good.

5.35 The development of a MLU at Scarborough will improve the choices available for expectant mothers in and around Scarborough (also about half the Trust's catchment population). Some women who would not be able to deliver in one of the peripheral MLUs for clinical reasons may be able to go to the new unit because of its proximity to the obstetric facilities. But for some expectant mothers without complications living in communities some 20 miles away this facility is clearly less easy to reach than what has in the past been available in their local hospitals.

5.36 The high level of community support for local hospital facilities in this area is paralleled by concern about transport if services are provided in a distant town. Especially for those without a car, the infrequency of public transport between many towns and villages, the difficulty of travelling reliably when journeys may require changes, and the high cost of taxis because of the long distances cause considerable anxiety. So too does public concern about pressure on local ambulance services.

5.37 The Trust has not done the necessary work to obtain systematic information about mothers' choices and expectations; about the socio-economic profile of those currently opting for the MLUs, Scarborough and other maternity units; or about how people in various locations travel, or would need to travel, to Scarborough; whether additional transport would be needed, and if so what would be the most appropriate form and what this would cost.

5.38 The Trust has promised, but so far failed to set up, a Working Party to consider ways of helping people using its services to travel to them reliably and affordably. The only development has been a trial dedicated bus service between Bridlington & District and

Scarborough hospitals. This has been set up under proposals for changes to acute medical services at Bridlington & District Hospital but may also help some people get to maternity services in Scarborough. The Panel considered that lack of progress over a period of 18 months in reviewing transport arrangements for maternity services was a serious omission.

Recommendation Seven

The transport needs of expectant and nursing mothers across the Trust's catchment area should be assessed as a matter of urgency. Appropriate support for individuals and their families and/or additional transport services should be agreed between the PCTs and the Trust and put in place before intrapartum care is withdrawn from Whitby, Malton and Bridlington.

Implementation

5.39 The Panel recognised the financial difficulties faced by the SNEYHT and its two PCT commissioners over recent years and the problems that this has caused for planning future services. However, the Trust still does not have a robust financial plan for implementing its maternity proposals, even though they remain much the same as when first drafted 18 months ago. Neither are there alternative plans to accommodate a smaller budget or the rejection of the proposals for change.

5.40 The Panel considers these important weaknesses in the Trust's approach, which have reduced confidence both among its staff and in the local community that it is able to manage change and service improvement effectively. This confidence will be restored only by the rapid and well–organised implementation of improved services.

Recommendation Eight

Early agreement must be reached between the Trust and the PCTs about the funding and implementation of changes, in particular the midwifery establishment required to implement sustainable services for the whole Trust area. The SHA should ensure this is agreed.

Future engagement

5.41 The Joint HOSC did not refer the proposals on the basis that the consultation failed to meet the requirements of the Health and Social Care Act 2001; indeed, it commended the SNEYHT and its Chief Executive for their willingness to 'engage *with the public during the statutory consultation*'. Nevertheless, the Joint HOSC noted that the Trust Board received limited feedback from the public consultation to inform its final decision - a summary slide presentation at a meeting rather than a full written analysis - and that insufficient attention was then paid to responding to the legitimate concerns of a range of stakeholders.

5.42 The Joint HOSC also registered dissatisfaction with the absence of evidence supporting the case for closing MLUs on safety grounds (and especially that there was a public misconception about the safety of the MLUs) and a lack of financial information. The Panel agrees that the case for the proposals was poorly developed and appears to have been produced without sufficient prior engagement with community stakeholders or input from professional groups within the Trust.

5.43 The Panel noted that the consultation had been led by the SNEYHT with relatively little leadership shown by the PCTs. It also noted that in May 2007 the SHA introduced a more challenging process for local organisations preparing for consultation. As the IRP would expect, there would now be a clear expectation that the PCTs as commissioners would take the lead in consultations.

Recommendation Nine

In developing future plans for maternity and related services the PCTs as commissioners should take the lead, working with the Trust, to find more effective ways of engaging with local people and staff to design services and respond to *Maternity Matters* and to secure public confidence in the local NHS.

Appendix One

Independent Reconfiguration Panel general terms of reference

A1. To provide expert advice on:

- Proposed NHS reconfigurations or significant service change;
- Options for NHS reconfigurations or significant service change;

referred to the Panel by Ministers.

A2. In providing advice, the Panel will take account of:

i. whether the proposals will ensure safe, sustainable and accessible services for the local population

ii. clinical and service quality, capacity and waiting times

iii. other national policies, for example, national service frameworks

iv. the rigour of consultation processes

v. the wider configuration of the NHS and other services locally, including likely future plans

vi. any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.

A3. The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.

A4. The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.

B1. To offer *pre-formal consultation* generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change - including advice and support on methods for public engagement and formal public consultation.

C1. The effectiveness and operation of the Panel will be formally reviewed annually.

Appendix Two

Letter to The Rt Hon Alan Johnson MP, the Secretary of State for Health from Cllr John Blackie 20 November 2007

North Yorkshire County Council

County Councillor John Blackie
Dryden House
Market Place
HAWES
North Yorkshire
DL8 3RA

Telephone: (01969) 667123
Fax No: (01969) 667999
Mobile: 07967 589096
E-mail: cllr.j.blackie@northyorks.gov.uk

20 November 2007

Dear Secretary of State

"A future for maternity services"

Public consultation document on a model for Maternity services provided by Scarborough & North East Yorkshire Healthcare Trust

In December 2006 the Scarborough and North East Yorkshire (SNEY) NHS Trust launched a public consultation entitled "A future for maternity services". This consultation ran for the statutory 3 month period, concluding in March 2007. It contained 3 options with regard to the midwife-led home from home maternity units at Whitby, Malton and Bridlington Hospitals: (1) to close the units or (2) to increase services at the units or (3) to retain the services at the existing units.

During the consultation the North Yorkshire County Council Scrutiny of Health Committee held 2 meetings to consider how each of these proposals would impact on the communities in the areas served by Whitby and Malton Community Hospitals. A joint Scrutiny of Health Committee was also formed involving a number of members from both the North Yorkshire County Council Scrutiny of Health Committee and the East Riding of Yorkshire Council Scrutiny of Health Committee to consider the impact that each of these proposals would have on the communities served by Bridlington Hospital.

Both Scrutiny Committees resolved at their meetings to refer the proposal to the Secretary of State for Health, if the SNEY NHS Trust decided to close the midwife-led home from home maternity units at Whitby, Malton and Bridlington Hospitals. During the summer the SNEY NHS Trust and the two Scrutiny Committees worked very hard together in an attempt to find a local solution that would see all the units remaining open but unfortunately this has not been possible. On 24th July 2007 the Board of the SNEY NHS Trust decided to go ahead with the proposal to close the units.

Cont/d ...

Rt Hon Alan Johnson MP
Secretary of State for Health
Richmond House
79 Whitehall
LONDON
SW1A 2NL

The purpose of this letter is to notify you that the two Committees are formally referring this proposal to you under the powers which underpin health scrutiny in the Health and Social Care Act 2001. We are now collating all the evidence in support of our case and will be submitting this to you along with a covering report, and we expect to be in a position to forward all the relevant information to you early next month.

We have advised the SNEY NHS Trust accordingly, and have made announcements to the public at recent meetings of our Scrutiny of Health Committees, as well as advising the local press and media.

Yours faithfully

John Blackie

County Councillor John Blackie
Chairman
North Yorkshire County Council Scrutiny of Health Committee

Copies to:

Ros Jump, Chairman, Scrutiny of Health Committee, East Riding of Yorkshire Council
Iain McInnes, Chief Executive, Scarborough and North East Yorkshire (SNEY) NHS Trust
Dr Janet Soo-Chung, Chief Executive, North Yorkshire & York PCT
Mrs Claire Wood, Chief Executive, East Riding of Yorkshire PCT
Margaret Edwards, Chief Executive - NHS Yorkshire & the Humber
Helena Coates, Scrutiny of Health Support Officer, East Riding of Yorkshire Council
Bryon Hunter, Scrutiny of Health Support Officer, North Yorkshire County Council

Appendix Three

Letter to Dr Peter Barrett, Chair, Independent Reconfiguration Panel, from The Rt Hon Alan Johnson MP, Secretary of State for Health, 15 April 2008

From the Rt Hon Alan Johnson MP
Secretary of State for Health

DH Department of Health

Richmond House
79 Whitehall
London
SW1A 2NS

Tel: 020 7210 3000

SofS47593

Dr Peter Barrett
Chair
Independent Reconfiguration Panel
Keirran Cross
11 The Strand
London WC2N 5HR

15 APR 2008

Dear Peter

Referral of the decision by Scarborough and North East Yorkshire (SNEY) Healthcare NHS Trust to close Midwife Led Home from Home Maternity Service Units at Whitby, Malton and Bridlington Community Hospitals

Further to my letter of 20 February 2008 requesting the advice of the IRP in relation to the referral from North Yorkshire County Council and the East Riding of Yorkshire Council Joint Health Overview and Scrutiny Committee (JHOSC), concerning the decision of Scarborough and North East Yorkshire Healthcare NHS Trust to close Midwife led Home-from-Home Maternity Service Units at Whitby, Malton and Bridlington Community Hospitals, and your letter of 14 March 2008, I would be grateful if a full review of the proposals as set out in the referral could commence with immediate effect.

Annex A sets out Terms of Reference for the review.

The panel's advice to me on this case should be provided in accordance with these Terms of Reference. I look forward to receiving your advice.

Yours sincerely

Alan

ALAN JOHNSON

Cc: Margaret Edwards, CE, NHS Yorkshire and Humber,
Claire Wood, CE East Riding of Yorkshire PCT,
Iain McInnes, CE Scarborough and North East Yorkshire NHS Trust
David Flory, Director General, Performance and Operations, DH

Appendix Four

Letter to The Rt Hon Alan Johnson MP, Secretary of State for Health, from Dr Peter Barrett, 16 April 2008

IRP

Kierran Cross
First Floor
11 Strand
London
WC2N 5HR

The Rt Hon Alan Johnson MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

16 April 2008

Dear Secretary of State

Referral of proposals for changes to maternity services provided by Scarborough and North East Yorkshire Healthcare Trust

Thank you for your letter of 15 April about the above.

I am happy to confirm that the Independent Reconfiguration Panel will provide advice in accordance with the terms of reference set out in your letter and, as requested, by 30 June 2008.

The Panel will begin visits to the area this month. As usual, we will be meeting people and hearing views from all sides of the debate.

As you know, in keeping with our commitment to open and transparent working, we will be publishing our advice on the IRP website.

Yours sincerely

Dr Peter Barrett CBE
Chair, Independent Reconfiguration Panel

Independent Reconfiguration Panel
Tel: 020 7389 8045/8048 Fax: 020 7389 8001
E Mail: irpinfo@dh.gsi.gov.uk Website: www.irpanel.org.uk

Appendix Five

Letter to Editors from Dr Peter Barrett of the Independent Reconfiguration Panel

IRP

www.irpanel.org.uk

Kierran Cross
First Floor
11 Strand
London
WC2N 5HR

22 April 2008

For publication

IRP: Have your say on health review

Dear Editor

The IRP, the independent expert on NHS service change, has been asked by the Secretary of State for Health to carry out a review relating to contested proposals for changes to maternity services in Scarborough and North East Yorkshire.

As part of our review, we would like to hear from local people who feel that they have new information that was not submitted during the formal consultation process or believe that their voice has not been heard. Please contact us by email at: **info@irpanel.org.uk** or by calling **020 7389 8055.**

The referral to the IRP relates to the proposals by Scarborough and North East Yorkshire NHS Trust to change maternity services at Whitby, Malton and Bridlington Community Hospitals and develop a separate midwife-led unit on the Scarborough Hospital site.

Our review will look at whether the proposals will ensure the provision of safe, sustainable and accessible services for local people.

Over the coming weeks, we will be undertaking a number of visits to the area to talk to patients, clinicians, local authority representatives, interest groups and people living and working in the area who believe they have new evidence that the IRP should take into account.

It is important that our reviews are open and accountable to local communities. We will therefore publish our conclusions on our website - www.irpanel.org.uk - once they have been considered by the Secretary of State for Health.

Yours sincerely

Dr Peter Barrett CBE
Chair, IRP

Appendix Six

Site visits, meetings and conversations

Thursday 24 April 2008

IRP **Gina Tiller, Nick Naftalin, Linda Pepper**
Chris Howgrave-Graham, Julian Edwards

Scarborough & District Hospital

Mr Iain McInnes: Chief Executive, Scarborough and NE Yorkshire NHS Trust
Ms Helen Noble: Head of Midwifery/Matron for Surgery, SNEYHT
Ms Jane Marshall: Director of Commissioning, North Yorkshire & York PCT
Mr Jack Ward: Associate Director, East Riding of Yorkshire PCT
Mr John Blackie: County Councillor, Chair N Yorkshire Scrutiny of Health Committee
Mr David Belling: County Councillor, NYHOSC representative
Mr D Heather: County Councillor, NYHOSC representative
Mr Bryon Hunter: Health Scrutiny Officer, NYHOSC
Ms Jane Wilkinson: Scrutiny Administrator, NYHOSC
Ms Ros Jump: County Councillor, Chair East Riding of Yorkshire HOSC
Mr Dave Pinder: Health Development manager, ERYHOSC
Ms Alex Morton-Roberts: Co-ordinator, Strategic Health Authority, Yorkshire & Humber
Dr Mark Noble: Consultant Obstetrician & Gynaecologist, clinical lead, SNEYHT
Dr Andrew Booth: Consultant Obstetrician & Gynaecologist, labour ward lead, SNEYHT
Dr Andreas Laut: Consultant Obstetrician & Gynaecologist, labour ward lead, SNEYHT
Dr Jeremy Normandale: Consultant Anaethetist, SNEYHT
Dr Tim Adams: Consultant Anaesthetist, SNEYHT
Dr Udupa Venkatesh: Consultant Paediatrician, SNEYHT

Scarborough & District Hospital Maternity Department and proposed Midwife-led Unit.

Ms Helen Noble: Head of Midwifery/Matron for Surgery, SNEYHT
Dr Mark Noble: Consultant Obstetrician & Gynaecologist, clinical lead, SNEYHT

Whitby Hospital, Maternity Unit

Ms Debrorah Thompson: Lead Midwife, Whitby Hospital
Ms Helen Noble: Head of Midwifery/Matron for Surgery, SNEYHT

Friday 25 April 2008

IRP **Gina Tiller, Linda Pepper, Nick Naftalin, Brenda Howard**
Chris Howgrave-Graham, Julian Edwards

Malton Hospital Maternity Unit

Ms Lynda Fairclough: Lead Midwife, Malton Hospital
Ms Helen Noble: Head of Midwifery/Matron for Surgery, SNEYHT

Bridlington & District Hospital Maternity Unit

Ms Wendy Beagles: Lead Midwife, Bridlington & District Hospital
Ms Helen Noble: Head of Midwifery, SNEYHT

Thursday 1 May 2008

IRP **Gina Tiller, Linda Pepper, Nick Naftalin, Brenda Howard**
Chris Howgrave-Graham, Julian Edwards

Scarborough & District Hospital

Ms Jennie Adams: Non-executive Director, SNEYHT
Ms Fran Shimmin: Non-executive Director, SNEYHT
Ms Joanne Armstrong: PPI Lead, SNEYHT
Ms Kate Guest: Royal College of Midwives
Ms Sandy Hogg: Director of Finance, SNEYHT
Dr Andrew Bennett: Estates manager, SNEYHT
Ms Jane Marshall: Director of Commissioning, NYYPCT
Mr Gareth Wiles: Assistant Director of Commissioning, NYYPCT
Mr Jack Ward: Associate Director, ERYPCT
Dr Tim Thornton: General Practitioner, Chair Ryedale GP Consortium
Dr George Campbell: General Practitioner, Clinical Executive member NYYPCT

Friday 2 May 2008

IRP **Gina Tiller, Linda Pepper, Nick Naftalin, Brenda Howard**
Chris Howgrave-Graham, Julian Edwards

Scarborough & District Hospital

Ms Helen Gilbert: Senior Midwife, Scarborough Hospital
Ms Lynda Fairclough: Lead Midwife, Malton Hospital
Ms Jill Headley: Senior Midwife, Malton Hospital
Mr Graham Purdy: Assistant Director of Corporate and Public Affairs, NYYPCT
Ms Jill Knight: PPI Forum, Scarborough, Whitby & Ryedale
Mr Ian Holland: Medical Director, SNEYHT

Wednesday 7 May 2008

IRP **Gina Tiller, Linda Pepper, Nick Naftalin, Brenda Howard**

Chris Howgrave-Graham, Julian Edwards

Bridlington & District Hospital

Ms Helen Noble: Head of Midwifery/Matron for Surgery, SNEYHT
Dr Hamish McNabb: General Practitioner and Clinical Assistant
Ms Wendy Beagles: Lead Midwife, Bridlington & District Hospital
Ms Clare Webb: Midwife, Bridlington & District Hospital
Ms Michelle Harvey: Midwife, Bridlington & District Hospital
Ms Lynne Porebski: Midwife, Bridlington & District Hospital
Ms Nicki Bourne: Midwife, Bridlington & District Hospital
Ms Diane Johnson: Midwife, Bridlington & District Hospital
Ms Sue Lozynskyj: Midwife, Bridlington & District Hospital
Mr Paul Mudd: Assistant Director, Yorkshire Ambulance Service
Sir Michael Carlisle: Chair, SNEYHT
Mr Mick Pilling: Save Bridlington Hospital Campaign Action Group
Mr John Blackie: County Councillor, Chair North Yorkshire HOSC
Mr David Belling: County Councillor, NYHOSC representative
Mr D Heather: County Councillor, NYHOSC representative
Mr Bryon Hunter: Health Scrutiny Officer, NYHOSC
Ms Ros Jump: County Councillor, Chair East Riding of Yorkshire HOSC
Mr Dave Pinder: Health Development manager, ERYHOSC
Ms Kate Ollett: PPI Forum, ERYPCT

Monday 12 May 2008

IRP **Peter Barrett, Chris Howgrave-Graham**

Richmond House, Whitehall

Dr Sheila Shribman: Department of Health National Clinical Director for Children, Young People and Maternity Services

Wednesday 14 May 2008

IRP **Gina Tiller, Linda Pepper, Nick Naftalin, Brenda Howard**
Chris Howgrave-Graham, Julian Edwards

Scarborough & District Hospital

Ms Suzanne Carr: Non-executive Director, SNEYHT
Mr Iain McInnes: Chief Executive SNEYHT
Ms Teresa Fenech: Director of Strategy & Partnerships and Chief Nurse, SNEYHT
Ms Helen Noble: Head of Midwifery/Matron for Surgery, SNEYHT
Ms Claire Woods: Interim Chief Executive, ERYPCT
Mr Duncan Ross: Director of Planning and Procurement, ERYPCT
Ms Margaret Edwards: Chief Executive, Yorkshire and the Humber SHA

Ms Sue Proctor: Director, Patient Care and Partnership, YHSHA
Ms Janet Soo-Chung: Chief Executive, NYYPCT
Ms Jane Marshall: Director of Commissioning, NYYPCT
Mr Gary Hardman: Director of Nursing, NYYPCT
Mr Gareth Wiles: Assistant Director of Commissioning, NYYPCT

Friday 30 May 2008

IRP **Nick Naftalin, Chris Howgrave-Graham**

Royal College of Obstetricians and Gynaecologists, Regents Park

Professor Sabaratnam Arulkumaran: President
Dr Tahir Ahmed Mahmood: Vice President (Standards)

Monday 9 June 2008

IRP: **Chris Howgrave-Graham, Martin Houghton**

1 Parliament Street, London

Robert Goodwill MP: Member of Parliament for Scarborough and Whitby

Appendix Seven

Information made available to the Panel

1.	Referral letter from Joint NY/ERY HOSC to Secretary of State, 20.11.07
2.	Acknowledgement letter from Secretary of State to Joint HOSC 05.02.08
3.	Referral letter follow-up from Joint HOSC to Secretary of State, 31.01.08
4.	Referral report of Joint HOSC, 31.01.08
5.	Appendix 1 of the above - Extracts from Minutes NYCC HOSC 08.12.06
6.	Appendix 2 – SNEYHT public consultation document on maternity services
7.	Appendix 3 - Minutes of Joint HOSC 22.02.07
8.	Appendix 4 - Minutes of NYCC Scrutiny Health Committee 01.03.07
9.	Appendix 5 - Minutes of Joint HOSC 07.03.07
10.	Appendix 6a - Minutes of NYCC HOSC 12.03.07
11.	Appendix 6b - Minutes of NYCC HOSC 12.03.07
12.	Appendix 7 – Maternity services consultation questionnaire/response form
13.	Appendix 8 – Questionnaire/response form discussion
14.	Appendix 9a - Paper for SNEYHT Public Board Meeting 03.04.07
15.	Appendix 9b - Extracts from Minutes of SNEYHT Public Board Meeting 03.04.07
16.	Appendix 10a - Paper for SNEYHT Public Board Meeting 26.06.07
17.	Appendix 10b - Extracts from Minutes of SNEYHT Public Board Meeting 26.06.07
18.	Appendix 11a - Paper for SNEYHT Public Board Meeting 24.07.07
19.	Appendix 11b - Extracts from Minutes of SNEYHT Public Board Meeting 24.07.07
20.	Appendix 12 – SNEYHT briefing on maternity guidance
21.	Appendix 13 - Extract from BMJ 2001
22.	Appendix 14 - Extracts from National Service Framework, Maternity Services
23.	Appendix 15 - Making it Better for Mothers and Babies Report
24.	Appendix 16 - Key Extract from Maternity Matters - Choice, Access & Continuity
25.	Appendix 17- NICE Guidance Care of Women & Babies
26.	Appendix 18- NICE Intrapartum Care
27.	Yorkshire & the Humber SHA background document on SNEYHT maternity 15.02.08
28.	Maps of Yorkshire and maternity catchments
29.	Road map NE Yorkshire
30.	NCAT Report on Maternity Proposals in Scarborough & NE Yorkshire - May 07
31.	A Future for Maternity Services - SNEY Trust consultation doc Dec 06
32.	SNEYHT Public Board Meeting Agenda 03.04.07
33.	SNEYHT Public Board Meeting Paper 03.04.07
34.	SNEYHT Public Board Meeting Minutes 03.04.07
35.	SNEYHT Private Board Minutes 03.04.07
36.	SNEYHT Public Board Meeting Agenda 26.06.07
37.	SNEYHT Public Board Meeting Paper 1 26.06.07
38.	SNEYHT Public Board Meeting Paper 2 26.06.07
39.	Letter from SNEYHT consultant obstetricians/gynaecologists 12.03.07
40.	Consultation response from SWR MSLC
41.	NYYCC HOSC Minutes 01/03/07Minutes
42.	SNEYHT Public Board Meeting Minutes 26.06.07
43.	SNEYHT Private Board Meeting Agenda 26.06.07

44.	SNEYHT Public Board Meeting Agenda 24.07.07
45.	SNEYHT Public Board Meeting Minutes 24.07.07
46.	SNEYHT Public Board Meeting Paper 1 24.07.07
47.	SNEYHT Private Board Meeting Agenda 24.07.07
48.	Floor plans of MLU, Scarborough Hospital
49.	Article from the Whitby Gazette - April 08
50.	SNEYHT maternity services information template 23.04.08
51.	Correspondence from NCT
52.	NICE Intrapartum Care Guideline – Sept 2007
53.	Evidence based briefing maternity care 1 (from New Digest Jan 05)
54.	Evidence based briefing maternity care 2 (from New Digest Jan 05)
55.	NCT Document Summary: Maternity Matters
56.	Yorkshire Ambulance Services - Ambulance Response Charts 01.01.08
57.	Local Supervising Authorities Midwifery Audit February 2005
58.	Local Supervising Authorities Midwifery Audit January 2007
59.	Local Supervising Authorities Midwifery Self Audit January 2006
60.	Letter from Anne McIntosh MP 13.05.08 re SNEYHT
61.	SNEYHT Maternity Services Profile – Sept 2008
62.	SNEYHT Maternity Workforce Plan 2008-2010
63.	Suspension Maternity Services Oct-Dec 07
64.	Public Meeting of the SNEYHT Board 19.12.07
65.	Discussion document on the future configuration of Maternity Services by SNEYHT
66.	ERYPCT Board Paper 31.01.07
67.	ERYC Board Meeting Minutes 07.02.08
68.	Report to Board 1 May 2008 – executive update
69.	NYCC HOSC Minutes 01.05.08
70.	Correspondence from J Knight enclosing Patient & Public Engagement Programme in Whitby & the Esk Valley and Annual Report of the PPIF for NYY PCT
71.	NYYPCT Board Paper on PPI 16.11.07
72.	Letter to IRP from Anne McIntosh MP submitted evidence 02.06.08
73.	Letter to IRP from Greg Knight MP submitted evidence 11.06.08
74.	Briefing from Yorkshire & Humber LSA Midwifery Officer 11.05.08
75.	RCOG 'Maternity Services: Future of Small Units' (May 2008)
76.	RCOG Working Parts Draft 'Standards for Maternity Services' (June 2008)
77.	RCOG Children's and Maternity Services in 2009: Working Time Solutions (Draft)
78.	Press and correspondence dossier, Save Bridlington Hospital Campaign Action Group
79.	Health Ambitions, NHS Yorkshire and the Humber Next Stage Review – June 2008
80.	Set of publications from Mother & Infant Research Unit, University of York (Helen Spiery)
81.	Malton Maternity MLU Annual Report 2007
82.	Summary of activity Bridlington Maternity Service 2007
83.	Minutes SNEYHT Board 26.09.06
84.	Minutes SNEYHT Board 24.10.06
85.	Minutes SNEYHT Board 21.11.06
86.	Agenda NYCC HOSC 01.05.08
87.	Summary analysis of maternity Serious Untoward Incidents
88.	SNEYHT Scarborough Hospital Site Redevelopment Plans Phase 1b
89.	RCM Leeds, Response to SNEYHT Maternity Proposals – March 2007

90.	SNEYHT slide presentation, Maternity Services
91.	SNEYHT slide presentation, Strategic Shape of the Trust - April 2008
92.	Press dossier, Gazette and Herald, Ryedale

Responses to the IRP enquiry line (emails, phone calls & letters)

1.	R Macdonald, email	27.	C Lucking, email
2.	D Okroy, phone call	28.	S Hoggarth, email
3.	D Sharp, email	29.	M Jackson, email
4.	H Ashton, email	30.	B Borrett, email
5.	J Palethorpe, email	31.	R King, email
6.	V Orton, email	32.	T Padwick, phone call
7.	D Thompson, email	33.	L Harrison, email
8.	L Ward, email	34.	T Morley, email
9.	S Horncastle, phone call	35.	K Parsons, letter
10.	S Miller, email	36.	E Thompson, email
11.	G Hedley, email	37.	J Hamilton, email
12.	T Atkinson, email	38.	B Embleton, email
13.	J Rowe, email	39.	K Walker, email
14.	E McGuinness, email	40.	L O'Hagan, email
15.	R Newman, email	41.	A Marshall, email
16.	V Gibb, email	42.	J Denton, email
17.	C McGrath, email	43.	J Gibb, email
18.	D Savage, letter	44.	R Newman, email
19.	J Harris, email	45.	J Knight, email
20.	C Holmes, email	46.	E Birch, email
21.	P Pearson, email	47.	K Smith, email
22.	N Cowen, email	48.	R Scott, letter
23.	K Smith, phone call	49.	S Holiday, email
24.	C Smith, email	50.	R Pool, email
25.	A Roxborough, email		
26.	P Hill, email		

Appendix Eight

Abbreviations used in this report

A & E	Accident and Emergency service
BBA	Birth before arrival
CNST	Clinical Negligence Scheme for Trusts
ERYPCT	East Riding of Yorkshire Primary Care Trust
GP	General Practitioner
HOSC	Health Overview and Scrutiny Committee
IRP	Independent Reconfiguration Panel
MLU	Midwife Led Unit
MP	Member of Parliament
NCAT	National Clinical Advisory Team
NICE	National Institute for Clinical Excellence
NYYPCT	North Yorkshire and York Primary Care Trust
PCT	Primary Care Trust
PPI	Patient and Public Involvement
RCOG	Royal College of Obstetricians and Gynaecologists
SBCU	Special Baby Care Unit
SHA	Strategic Health Authority
SNEYHT	Scarborough and North East Yorkshire Hospital Trust

Appendix Nine

Members of the IRP Panel

* subgroup members that took a lead for this review

Chair

Peter Barrett	Chair, Nottingham University Hospitals NHS Trust Former General Practitioner, Nottingham

Members

Cath Broderick	Independent advisor for involvement and consultation
Sanjay Chadha	Justice of the Peace Committee member, Multiple Sclerosis (MS) Society
Ailsa Claire	Chief Executive, Barnsley Primary Care Trust Chair/Manager, Yorkshire and Humber Specialist Service Consortia
Nicky Hayes	Consultant Nurse for Older People King's College Hospital NHS Trust Clinical Director of the Care Homes Support Team
*Brenda Howard	Director of Strategy, Nottinghamshire County Teaching PCT
*Nick Naftalin	Emeritus Consultant in Obstetrics and Gynaecology at University Hospitals of Leicester NHS Trust Former member of the National Clinical Governance Support Team
John Parkes	Chief Executive, Northamptonshire Teaching PCT
*Linda Pepper	Independent advisor for involvement and consultation Former Commissioner, Commission for Health Improvement
Ray Powles	Head Haemato-Oncology Parkside Cancer Clinic, London. Former Head of Haemato-oncology, Royal Marsden Hospital
Paul Roberts	Chief Executive, Plymouth Hospitals NHS Trust
*Gina Tiller	Part-time tutor in industrial relations Chair of Newcastle PCT
Paul Watson	Director of Commissioning East of England Strategic Health Authority

Support to the Panel

Chris Howgrave-Graham	Acting Chief Executive
Martin Houghton	Secretary to the Panel
Julian Edwards	Review Manager

Appendix Ten

About the Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP) offers advice to the Secretary of State for Health on contested proposals for NHS reconfigurations and service changes in England. It also offers informal support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around NHS service reconfiguration.

The Panel consists of a Chair, Dr Peter Barrett, and members providing an equal balance of clinical, managerial and patient and citizen representation.

Further information about the Panel and its work can be found on the IRP Website:

www.irpanel.org.uk