

North West London Joint Health Overview and Scrutiny Committee SUPPLEMENTAL AGENDA

DATE: Wednesday 14 October 2015

6. SHAPING A HEALTHIER FUTURE UPDATE (Pages 3 - 54)

Paper 4 (Maternity Update) and Paper 5 (Paediatrics Update) to the report are enclosed.

This page is intentionally left blank



North West London Collaboration of
Clinical Commissioning Groups

Update on transition of maternity and interdependent services from Ealing Hospital

**North West London Joint Health Overview and Scrutiny
Committee**

14 October 2015

1. Background & Context

On 20th May 2015, Ealing CCG Governing Body agreed to endorse the transition of the Maternity and Neonatal service at Ealing Hospital, in line with the Secretary of State's decision of 30th October 2013. The date for the closure of the Maternity service was set as 1st July 2015. Separately NHS England, as the specialist commissioner for Neonatal Services, met in public to take a separate decision regarding the transition of the Special Care Baby Unit (SCBU), which they approved.

Since that date the Programme Delivery Board and the Operational Group have worked to deliver a safe transition of services and implement new, common pathways across North West London.

1.1. Transfer of Women's Care

At the time of transfer 969 women were booked to give birth at Ealing hospital. Following agreed protocols 778 were contacted, a new delivery unit agreed and their care transferred to the respective Trust. 190 women were contacted but their care was not transferred as they delivered at Ealing in June, had moved out of area or were no longer pregnant. Only 1 woman was unable to be reached. Detailed procedures were followed, including contacting her GP and attempting to visit her at home.

15 women were not able to be offered their first alternative choice of unit. Their care was rearranged by the Maternity Booking Service and they were satisfied with the unit to which they were transferred.

All antenatal bookings are now made through the Maternity Booking Service ensuring a more smooth and equitable service for women across North West London.

1.2 Development of community clinics

The Trusts in NWL are now holding antenatal and postnatal clinics in Ealing Hospital and Children's Centres throughout Ealing. The clinics in Children's Centre commenced on 13 June 2015 and the North West London Community Maternity Clinic at Ealing Hospital opened on 6 July 2015. This means that the majority of women are now able to receive local pre- and post- natal care, to agreed protocols, by the same team of midwives who will deliver their baby. This was not the case prior to these changes. Pregnant women on a high risk pathway may still have to travel to their chosen hospital for their appointments in order to access specialist services.

1.3 Acute Care

Ealing maternity unit closed on 1 July 2015 and the neonatal unit on 29 June 2015. There were no women or babies in the units that required transfer and the units closed safely. Building works have been completed at West Middlesex University Hospital, St Mary's Hospital, Queen Charlotte's Hospital and Hillingdon Hospital to create increased capacity and improved facilities.

1.4 Staffing

All staff have transitioned to their new units. A focussed and coordinated recruitment approach across North West London has led to 113 additional staff being employed in midwifery and neonatal areas. This increase in staff will improve the midwife to birth ratio and consultant hours on the labour wards.

1.5 Travel and Communication

The central programme team has been liaising with all receiving hospitals and midwives on a regular basis to see if travel has been an issue raised by women and their families and to date this has not been raised as a major concern. This will be reviewed in a more formalised way by working with LNWHT to undertake a travel survey as part of the transition review to be undertaken in November 2015 (see 2.0 for more information). The objective of the survey will be to understand in more detail how women have found their patient experience with a particular focus on the travel and transport elements of this. Feedback will be used to inform future planning and service developments.

Prior to the transition, the Transport Advisory Group worked with project team to produce a range of materials to help women decide on which maternity unit to use. These material have been distributed widely and reaction to them has been very positive with the Giving Birth in North West London booklet and easy read version being particularly well received. For the first time women in North West London are able to access comparable information about all maternity units in a single source.

Comprehensive communication materials have been developed with user and community input – explaining to women and their families the maternity choices they have in North West London. These materials have been widely distributed throughout North West London.

1.6 Monitoring Quality and Safety

In order to monitor the quality of maternity services in North West London and ensure the intended benefits of the service changes are realised, a set of quality metrics were agreed by the SAHF Clinical Board. These are being produced into a regular monthly report. In addition to SAHF Programme Board, this report will be used by the CCG Quality committee, Maternity Network and Trust Boards to provide a consistent approach North West London to quality monitoring.

Included in Appendix A is the first month's 'Quality and System Monitoring Dashboard'. Reviewers should be mindful that this dashboard represents only the first month of data following transition and that subsequent dashboards are being produced in order to monitor changes and trends in the metrics.

This early snapshot of the quality metrics demonstrates that the level of quality service provision being offered to women in NW London has remained high, with Trusts ensuring that a good service continues to be provided.

Unbooked deliveries, especially at Hillingdon, increased in July. This was fully anticipated and demonstrates that the maternity services in North West London were working effectively as a system. Heads of Midwifery across North West London agreed to deliver any lady who presented irrespective of where she was booked to deliver. It is anticipated that this will continue to be high in August and will then decrease to usual levels.

The definition for post partum haemorrhage has changed from April 2015. The increase demonstrated in the dashboard is in relation to this definition trend rather than a clinical deterioration. However, this Page 5 or will continue to be closely

monitored so that if there are any underlying clinical concerns these are picked up.

Future versions of the dashboard, including accompanying narrative will be provided to CCG Quality and Safety committees for scrutiny by local clinicians and lay members. These can also be made available to the JHOSC on request in order to provide greater insight into the quality of the service being provided to women in NW London.

3. Conclusion

The programme delivery group and the operational group continue to work together and ensure a smooth and complete transition over the coming months. A critical reflection exercise has been held with these groups and other stakeholder groups to ensure the immediate learning from the planning and implementation process are learned and inform future transitions within the sector. A fuller review will be conducted in November 2015 that will consider the experience of transferred women, staff experience as well as activity flows.



Shaping a
healthier
future

Appendix A

NWL Monthly Maternity Transition & Quality Dashboard

July 2015

Transition and Quality Dashboard

Background

- The metrics for this dashboard have been agreed in consultation with relevant clinical leads.
- The purpose of the dashboard is primarily to monitor key quality metrics to be able to monitor any changes post transfer and develop mitigating actions required.
- A secondary purpose is to monitor capacity and demand to quickly identify issues in the system, and support the creation of mitigating actions to ensure safe operations of our services across NWL.

Quality Measures	Pre-Transition Baseline	Target	CW	SMH	QC	NPH	EH	WMUH	THH	NWL
Midwifery to birth ratio	@ Jul 15	30				29		32	34	32
1:1 midwifery labour care ¹	@ Jul 15	95%	95%					98%	97%	93%
Consultant cover on labour wards (hours) ¹	@ Jul 15	168	110			98		144		117
12+6 week bookings rate	12 month average	95%	93%	90%	94%	96%	76%	98%	97%	95%
Proportion Elective C-Sections	12 month average		16%	11%	12%	11%	11%	11%	11%	12%
Proportion Emergency C-Sections	12 month average		17%	18%	15%	8%	8%	16%	17%	15%
Proportion Instrumental deliveries	12 month average		19%	12%	18%	13%	10%	15%	17%	15%
Proportion with Post Partum Haemorrhage (> 1500 mls)	12 month average		3%	0%	1%	2%	0%	2%	2%	2%
Proportion with Puerperal Sepsis	12 month average		0%	2%	1%	1%		0%	3%	1%
Born before arrival ²	12 month average per month		0			3		3	4	14
Unbooked deliveries ²	12 month average per month		1			2		1	5	12
SUIs ²	12 month average per month		3			1		1	2	12
Complaints ²	12 month average per month		2			1		4	3	17

Data Completeness

¹ NWL average based on available data

² NWL total extrapolated based on available data rebased to total NWL deliveries

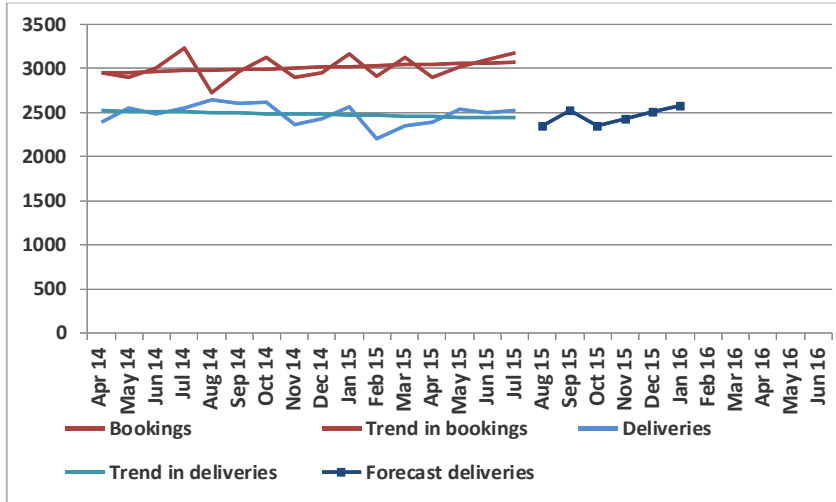
Unfortunately there are gaps in the data from Imperial for July 2015 meaning it is hard to estimate overall NWL performance for some of the key quality markers;

- Midwifery to birth ratio
- 1:1 midwifery labour care
- consultant cover on labour wards

The Trust is working with SAHF to submit data for August 2015 and subsequent dashboards will provide a more complete view.

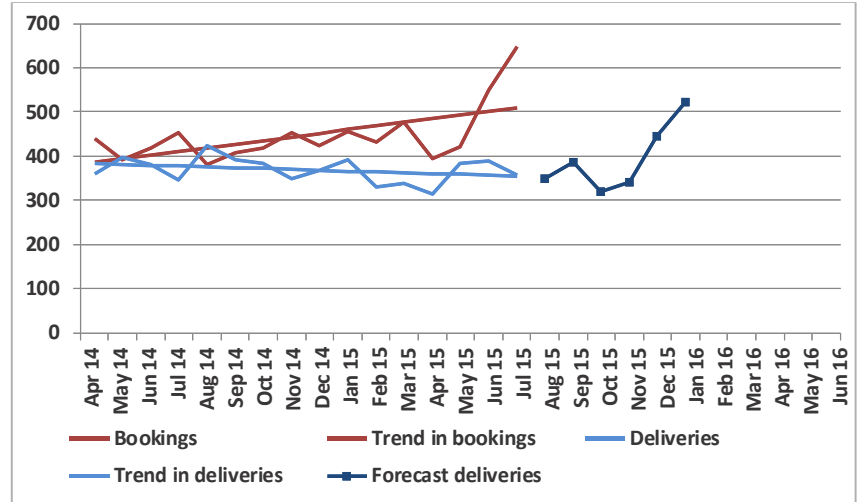
Demand Indicators:

Bookings and deliveries



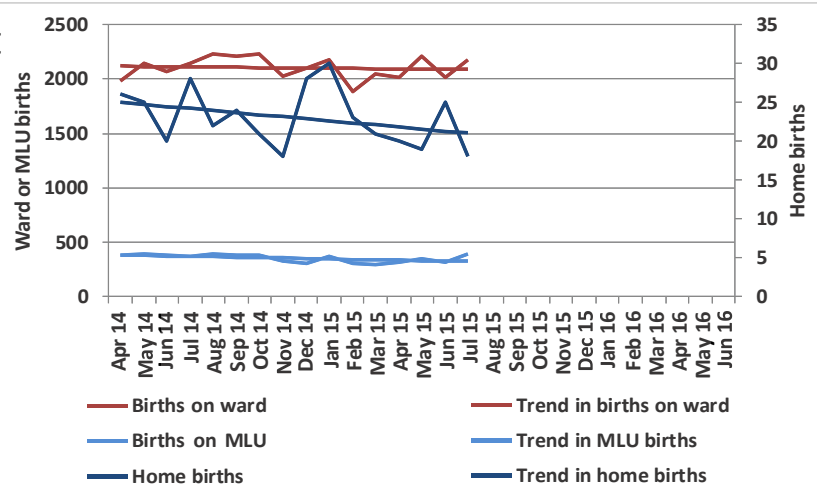
Bookings have remained relatively stable at c. 36,000 per annum. Deliveries have increased in recent months but forecast based on bookings is for little overall change from historic c. 30,000

Bookings and deliveries originating from Ealing postcodes



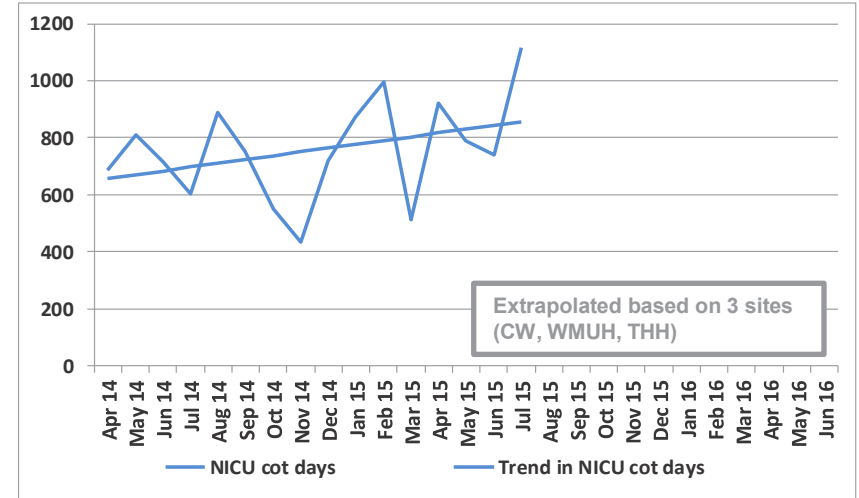
Bookings from the Ealing postcodes have risen during transition in June and July. This has driven an increase in 6 month forecast deliveries.

Deliveries in MLU, Home and Labour Ward



Deliveries in MLU, Home and Labour Wards remain steady in the last year with 85% of deliveries in Labour Wards and 14% in MLU.

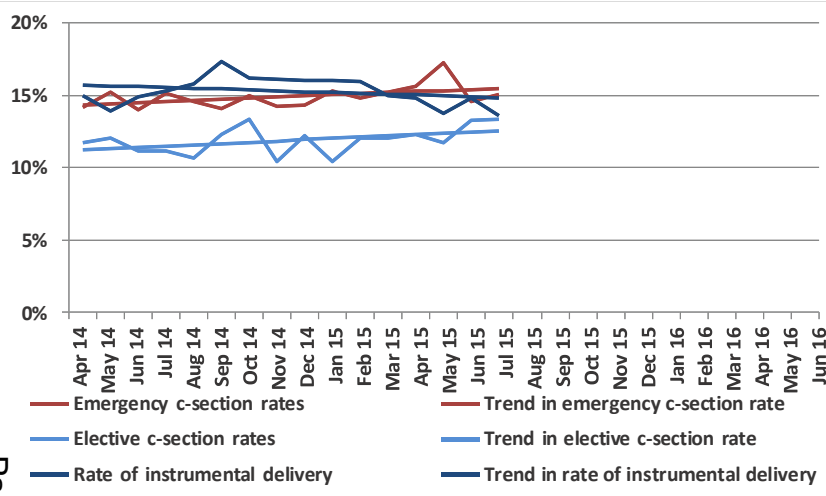
NICU cot days



NICU cot days are showing a slight increasing trend averaging at c.1000 days over the last year.

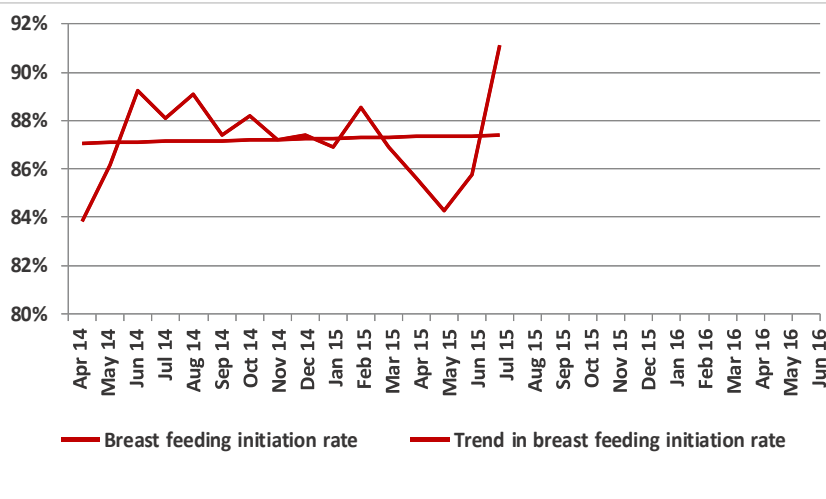
NWL Quality Indicators:

Elective and emergency C-section / Instrumental deliveries



Emergency C-section, Elec. C-section and Instrumental deliveries have remained steady across NWL accounting for c.15%, c.12% and c.16% deliveries respectively.

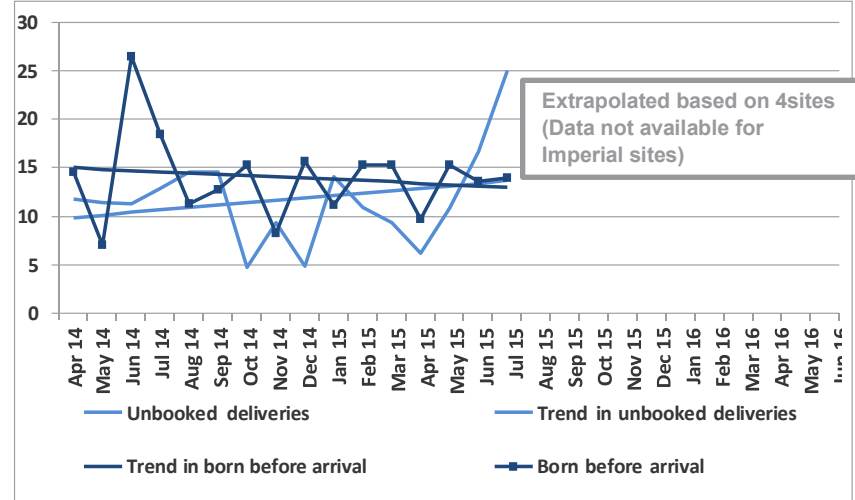
12+6 weeks booking rate



12+6 weeks booking rate in NWL is improving toward the 95% target, in July it was 94.9% across the sites.

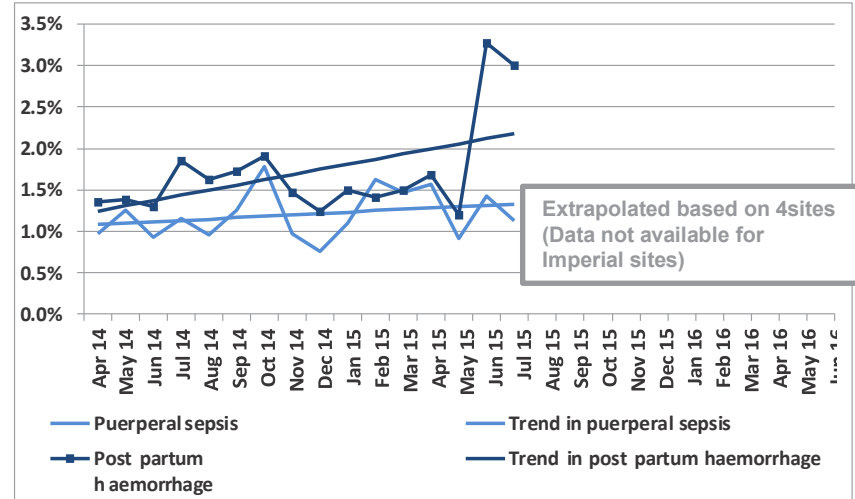
NWL - Data for July 2015

Supported deliveries



Supported deliveries are averaging 14 births born before arrival and 12 unbooked deliveries per month. The increase in unbooked deliveries is driven by Hillingdon.

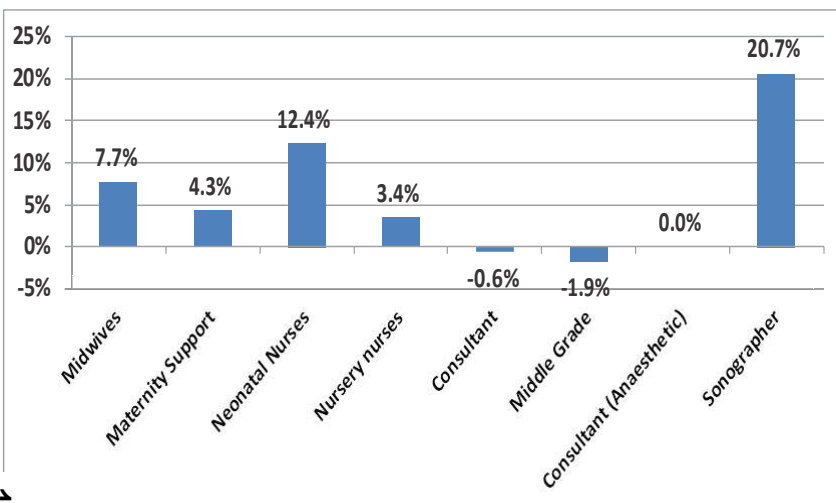
Post partum haemorrhage (> 1,500 mls) and puerperal sepsis



Puerperal sepsis remains low at c. 1% of total births across NWL. The definition for post partum haemorrhage has changed from April hence showing what could be interpreted as an increasing trend rather than the rebasing of the data.

Current hours of consultant cover on ward - 117 hrs

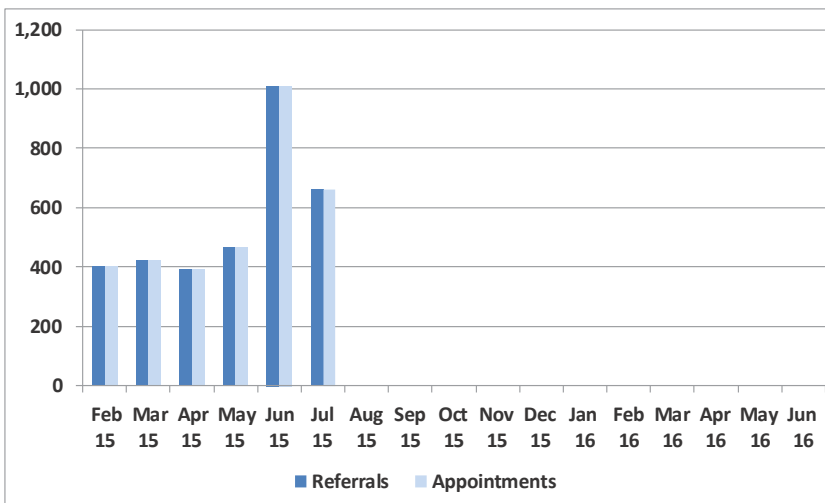
Staff vacancy rates – NWL w/e 20/8/2015



Sonographers have the largest vacancy rate of c.20%.

Source: Trust workforce returns w/e 20 August 2015

Referrals and appointments from Ealing CCG



Referrals increased markedly relative to historic volume in June during the transition. July's data is incomplete missing Northick Park's referral data

Source: Maternity Booking Service (MBS) data

			Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15
In Utero Transfer	Transfer within NWL	<i>appropriate</i>	0	0	2	0	2	0	0					
	Transfer within NWL	<i>capacity</i>	1	0	0	1	0	0	1					
	Transfer to another Network	<i>capacity</i>	3	1	0	2	1	0	0					
	Total transfers for capacity (out of network and within network for capacity)	<i>capacity</i>	4	1	0	3	1	0	1					
Post natal Transfer	Transfer within NWL	medical	10	13	5	16	4	9	9					
		surgical	8	6	6	9	12	6	7					
		Total transfers	18	19	11	25	16	15	16					
	Transfer to another network	medical	4	0	0	2	1	0	2					
		surgical	0	0	0	1	0	0	0					
		Total transfers out of network	4	0	0	3	1	0	2					

Page 1414



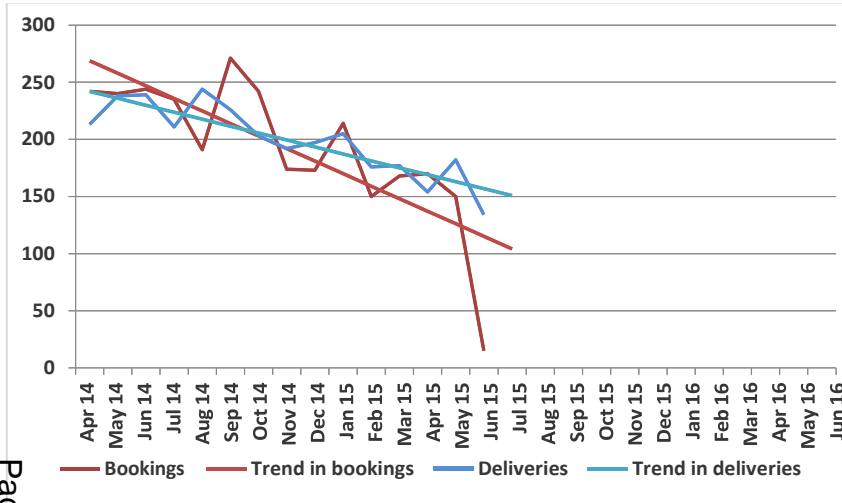
- Booking and delivery data complete until June
- Quality metrics end in May

Ealing Hospital

Monthly Maternity Transition & Quality Dashboard

Demand Indicators:

Bookings and deliveries

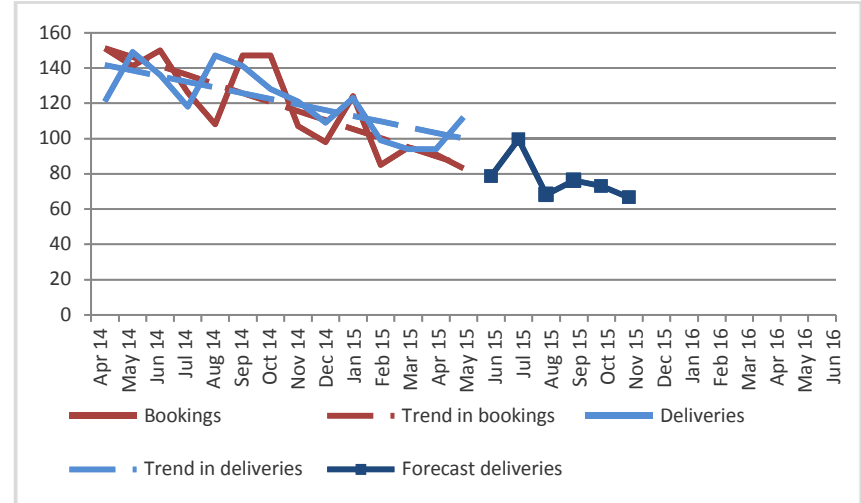


Page 1616

Data shows the June closure of the inpatient unit

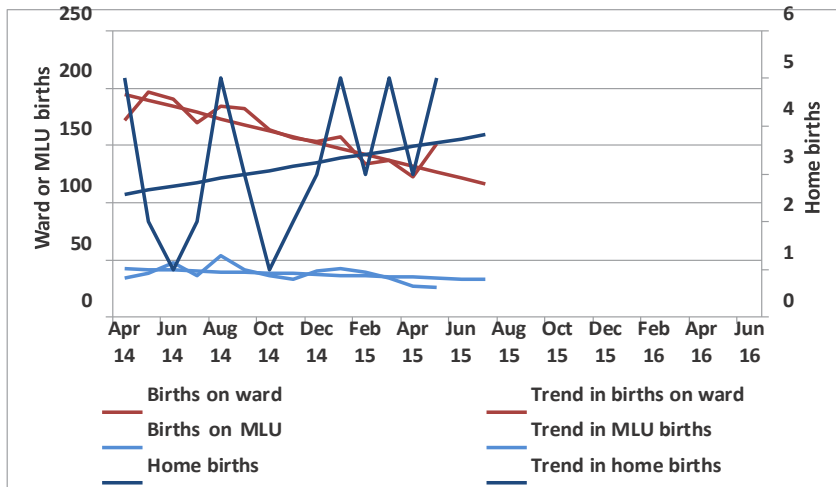
Ealing - Data for June 2015

Bookings and deliveries originating from Ealing postcodes



Bookings and deliveries from Ealing postcodes remained steady in the last year totalling c.1,400 bookings and c.1,400 deliveries.

Deliveries in MLU, Home and Labour Ward



Deliveries in MLU and Home remain steady; Labour Wards decreasing last year with 79% of deliveries in Labour Wards and 19% in MLU.

Source: Monthly trust dashboard returns

Current attrition rate (difference between bookings and deliveries)* = 20.1%

Measure	Target	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15
Midwifery to birth ratio	30	30	30	30	30	30	30	30	30	30	30	30	
1:1 midwifery labour care	95%	100.0%	99.1%	100.0%	100.0%	99.4%	99.8%	99.5%					
12+6 bookings rate	95%	79.2%	76.4%	76.0%	79.3%	73.6%	75.7%	71.5%	68.7%	79.8%	81.2%	80.0%	
Temporary Closures	0												
SUIs	0	0	0	0	0	0	0	0	0	0	1	0	
Complaints	0	0	1	1	0	0	2	1					

* 1 – (booking / deliveries (6 months prior) X 100%

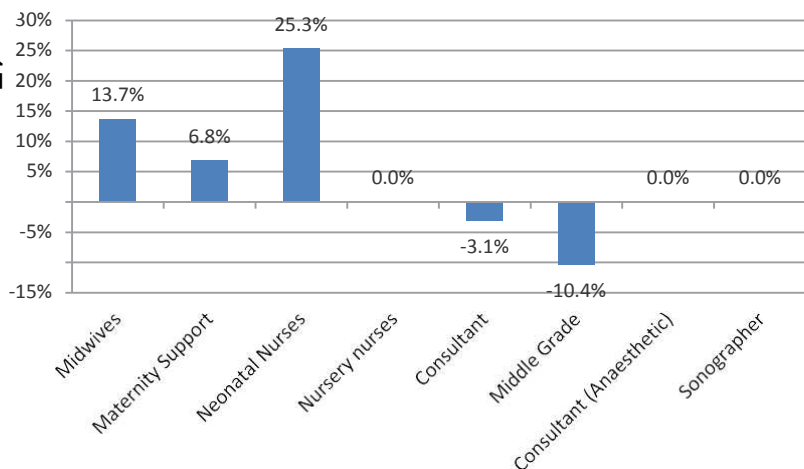
Source: Monthly trust dashboard returns

Capacity and System Resilience Indicators:

Current hours of consultant cover on ward - hrs

1 Page 17

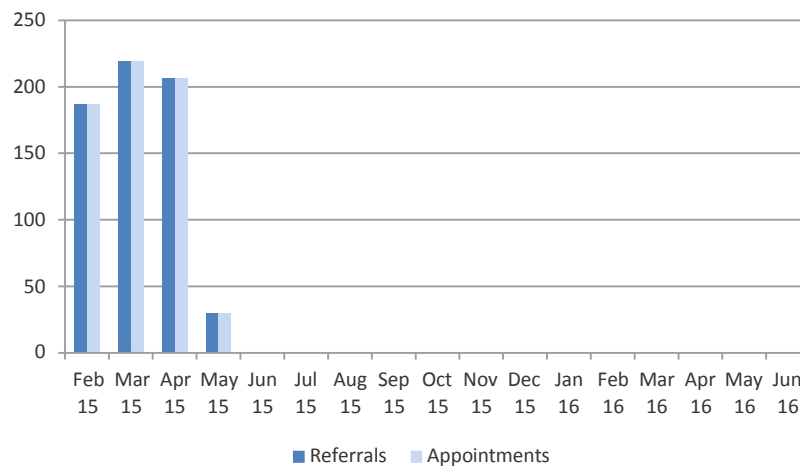
Staff vacancy rates – LNWT w/e 12/06/2015



Nurses have the largest vacancy rate of c.25%.

Source: Trust workforce returns w/e 12 June 2015

Referrals and appointments from Ealing CCG



100% of women, since 1st February, were given an appointment at their first choice provider.

Source: Maternity Booking Service (MBS) data

Other Quality Indicators:

Elective and emergency C-section / Instrumental deliveries

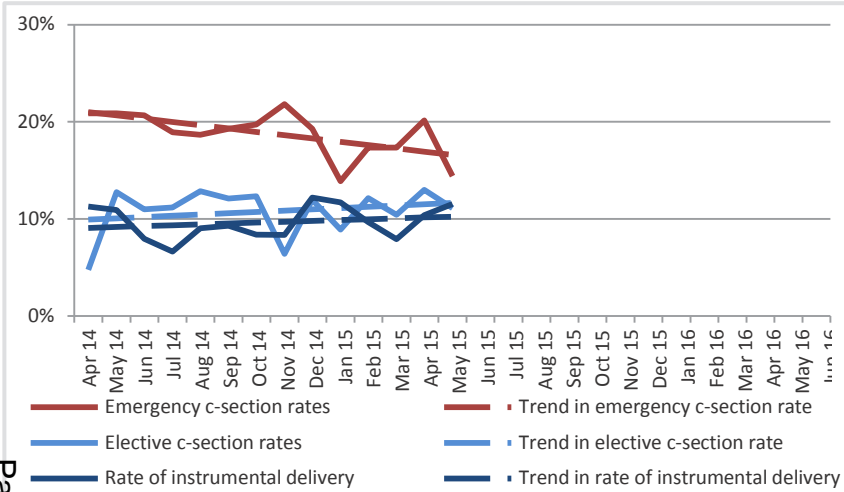
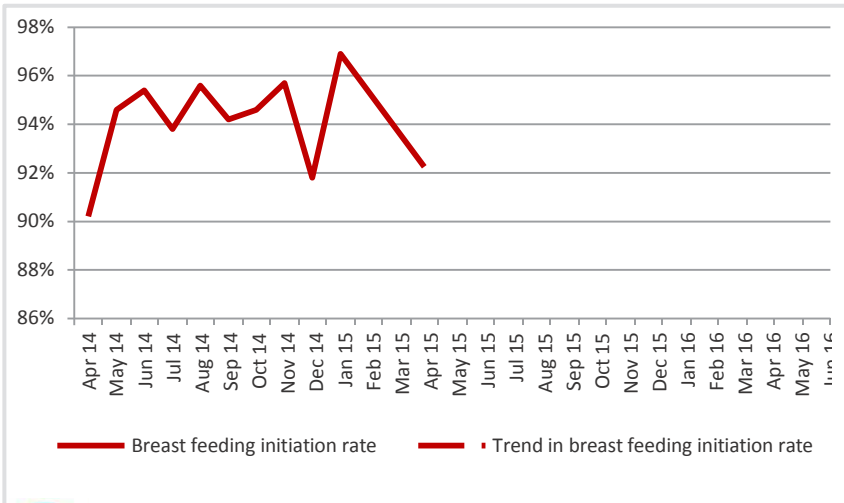


Fig. C-section deliveries are decreasing with Elec. C-section and instrumental deliveries remaining steady accounting for c.19%, c.11% and c.9% of deliveries respectively.

Page 1818

Breast feeding initiation rate

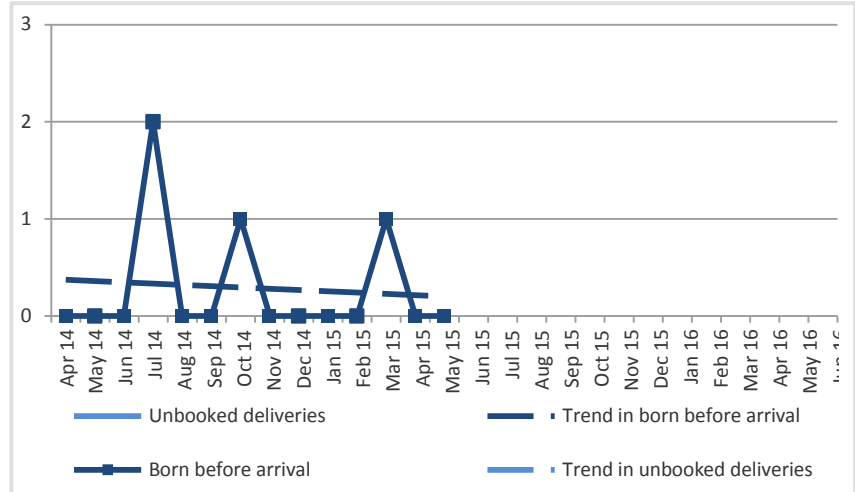


Breast feeding initiation rate is increasing, currently at 92%.

Source: Monthly trust dashboard returns

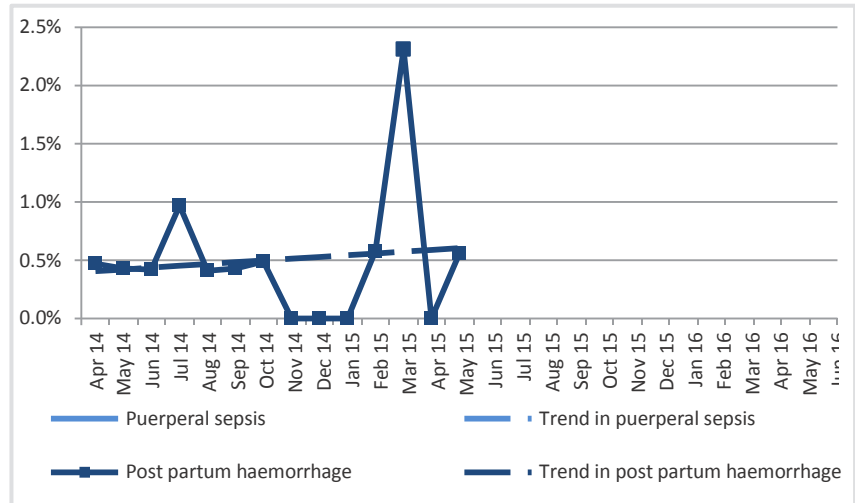
Ealing - Data for May 2015

Supported deliveries



Supported deliveries are too low volume to draw any conclusions. Supported deliveries are averaging at < 0 births born before arrival.

Post partum haemorrhage & Puerperal sepsis



Post partum haemorrhage remains low, but rising over the year, currently at 0%.

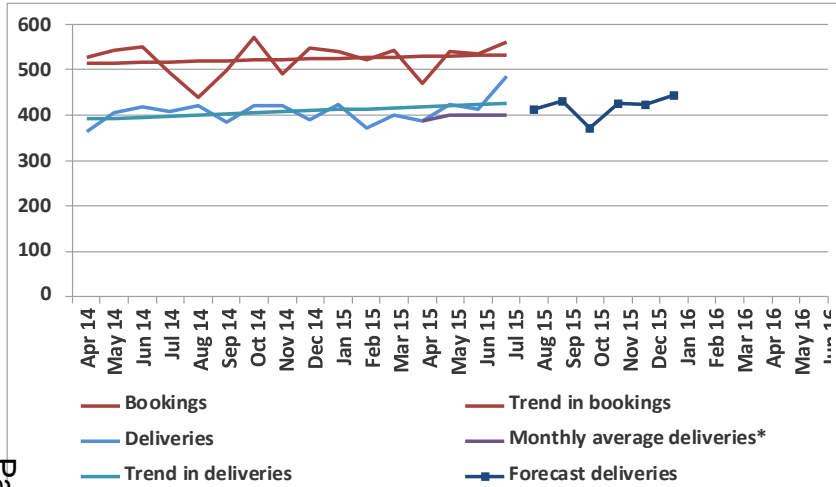


Northwick Park

Monthly Maternity Transition & Quality Dashboard

Demand Indicators:

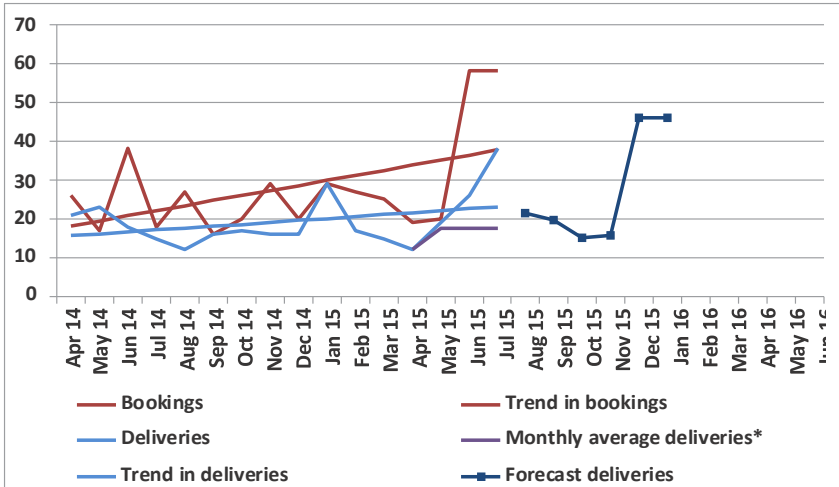
Bookings and deliveries



Deliveries and bookings have increased in recent months. The forecast deliveries based on bookings implies an increase of c. 100 deliveries at the unit allowing for full year effect

Northwick Park - Data for July 2015

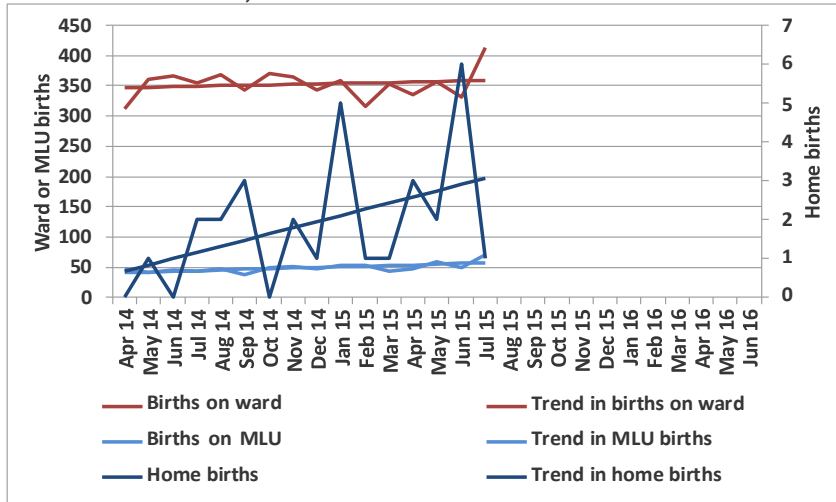
Bookings and deliveries originating from Ealing postcodes



Deliveries from Ealing women are about 20 deliveries a month higher in June and July than historic average.

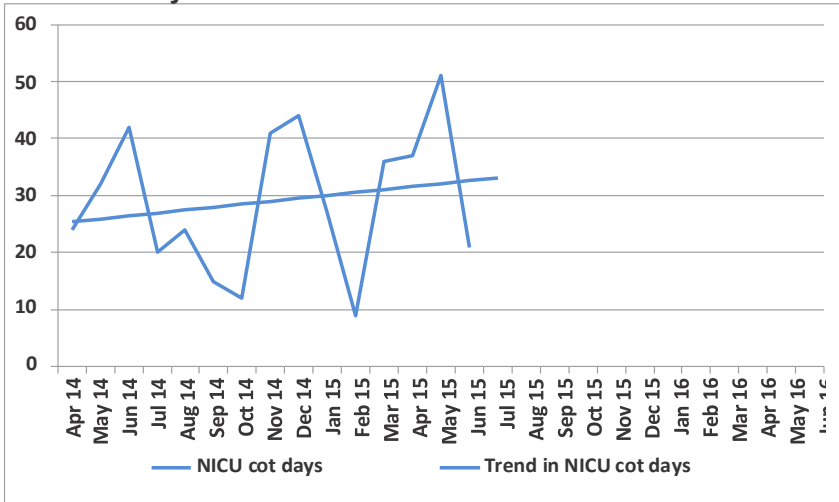
Page 2020

Deliveries in MLU, Home and Labour Ward



Deliveries in MLU, Home and Labour Wards remain steady in the last year with 87% of deliveries in Labour Wards and 11% in MLU.

NICU cot days



NICU cot days are showing a slight increasing trend averaging at 28 cot days a month over the last 12 months

Current attrition rate (difference between bookings and deliveries)* = 19.7%

Measure	Target	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Midwifery to birth ratio	30	25	23	25	25	24	25	22	24	23	25	25	29
1:1 midwifery labour care	95%	96.3%	99.0%	96.0%	93.1%	95.5%	100.0%	98.0%	99.1%	96.9%			
12+6 bookings rate	95%	96.2%	96.1%	97.6%	98.9%	96.8%	96.6%	96.1%	96.6%	94.1%	97.3%	89.8%	95.9%
Temporary Closures	0	0	0	0	0	0	0	0	0	0	0	0	0
SUIs	0	6	1	2	1	3	2	2	0	0	0	0	0
Complaints	0	4	3	3	0	1	1	3	0	1	1		

* 1 – (booking / deliveries (6 months prior) X 100%

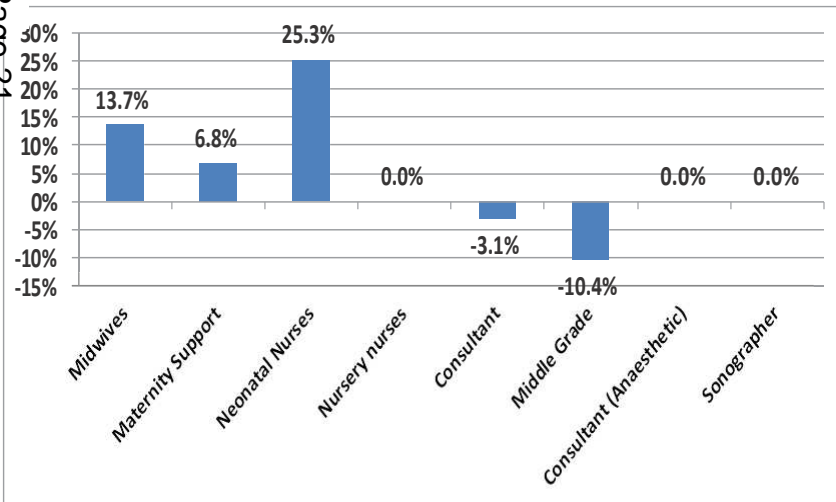
Source: Monthly trust dashboard returns

Capacity and System Resilience Indicators:

Current hours of consultant cover on ward - 98 hrs

2 Page 21

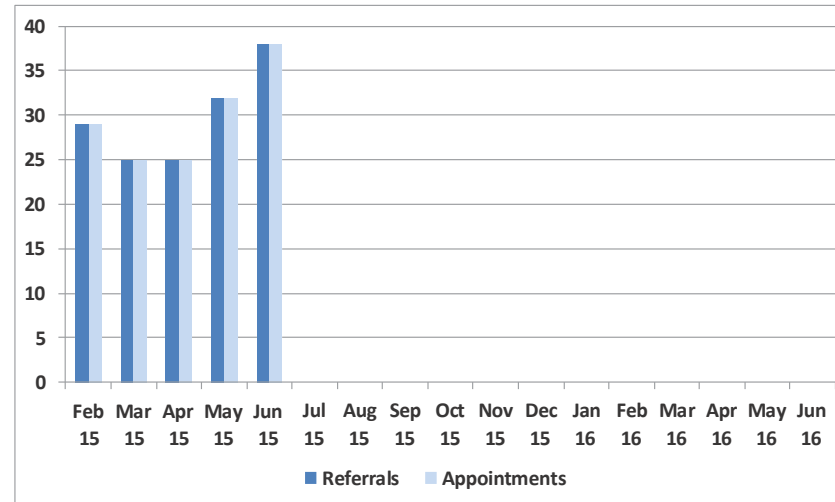
Staff vacancy rates – LNWT w/e 20/8/2015



Neonatal Nurses have the largest vacancy rate of c.25%.

Source: Trust workforce returns w/e 12 June 2015

Referrals and appointments from Ealing CCG

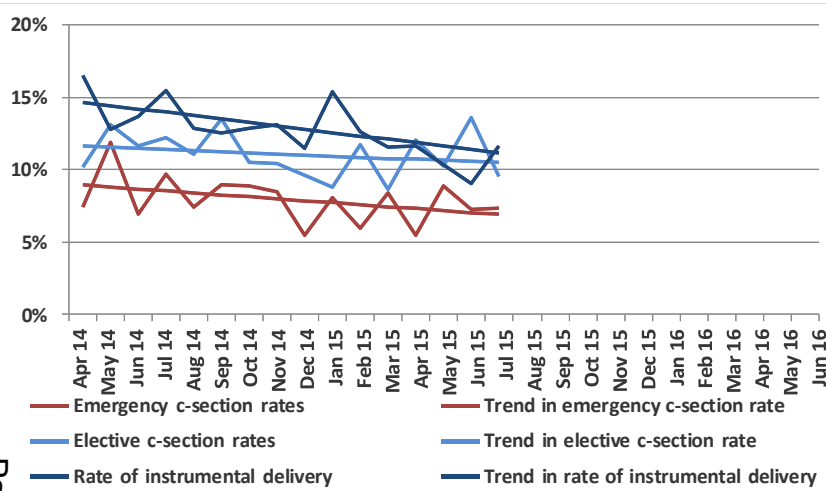


July data not yet available for Northwick Park

Source: Maternity Booking Service (MBS) data

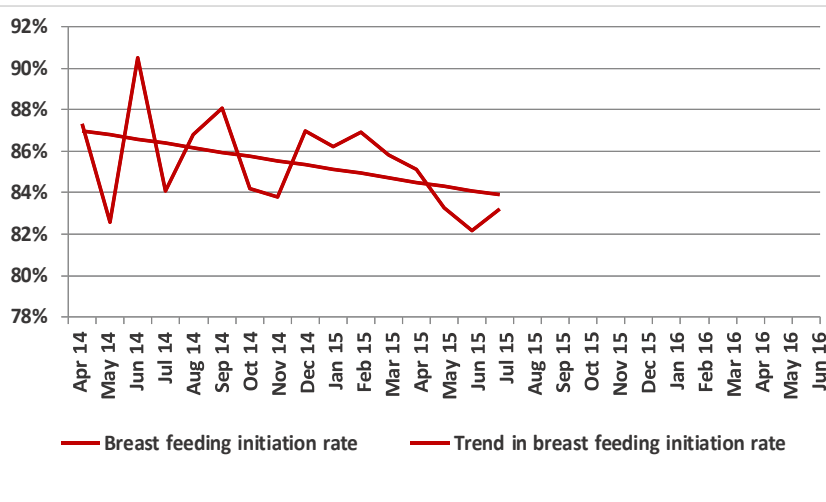
Other Quality Indicators:

Elective and emergency C-section / Instrumental deliveries



Emergency and Elec. C-section deliveries and instrumental deliveries are showing a decreasing trend accounting for c.8%, c.11% and c. 13% of deliveries respectively.

Breast feeding initiation rate

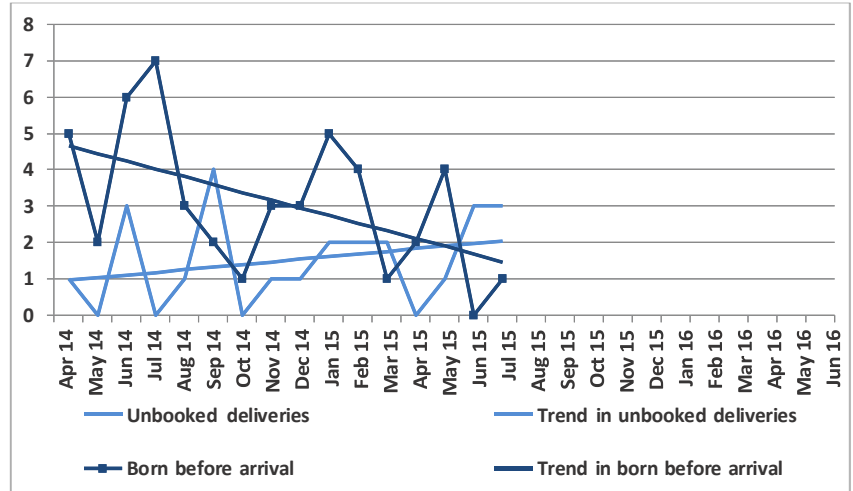


Breast feeding initiation rate remains stable fell in May and June and rose a little in July to 83%

Source: Monthly trust dashboard returns

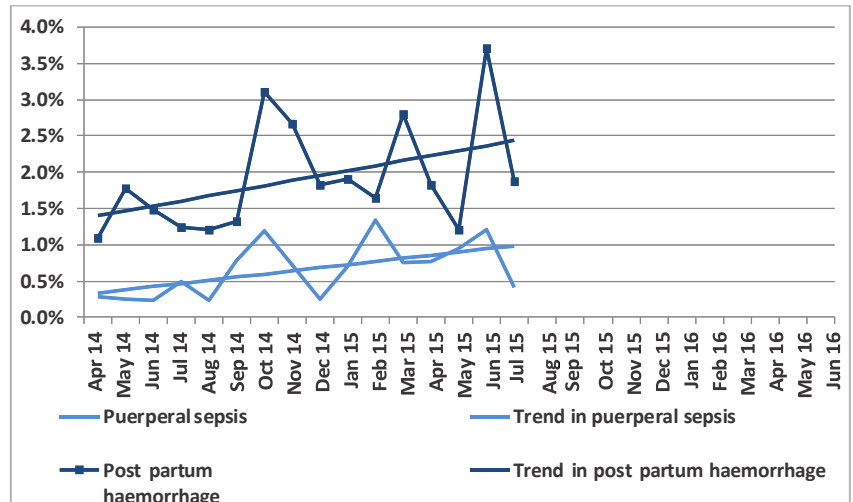
Northwick Park - Data for July 2015

Supported deliveries



Unbooked deliveries rose to 3 in July, this was still below historic peak. Numbers born before arrival were at historic lows.

Post partum haemorrhage & Puerperal sepsis



The definition around post partum haemorrhage changed in April which makes the trend look increasing. Puerperal sepsis fell in July to 0.5%

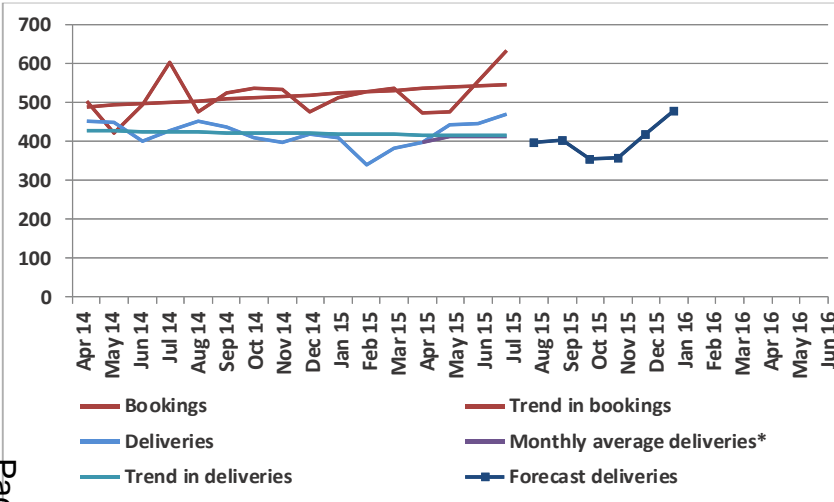


Queen Charlotte's

Monthly Maternity Transition & Quality Dashboard

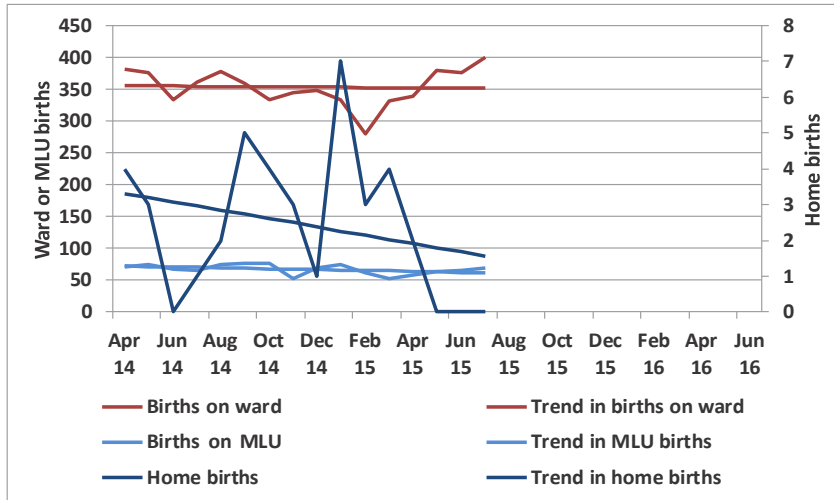
Demand Indicators:

Bookings and deliveries



Deliveries have been increasing since April. July deliveries are approx. 55 a month higher than the historic average implying c.700 more births with full year effect

Deliveries in MLU, Home and Labour Ward

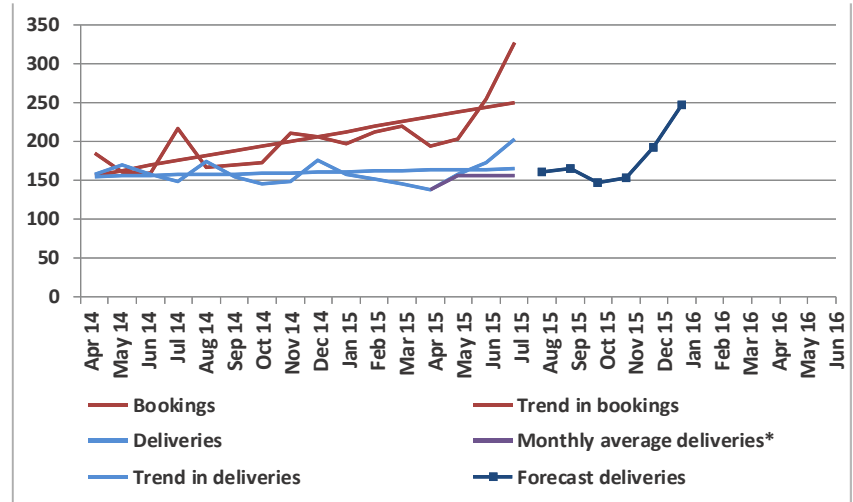


The increase in deliveries has resulted in a rise in the proportion of births on the ward from 83% historic average to 85% in July

Source: Monthly trust dashboard returns

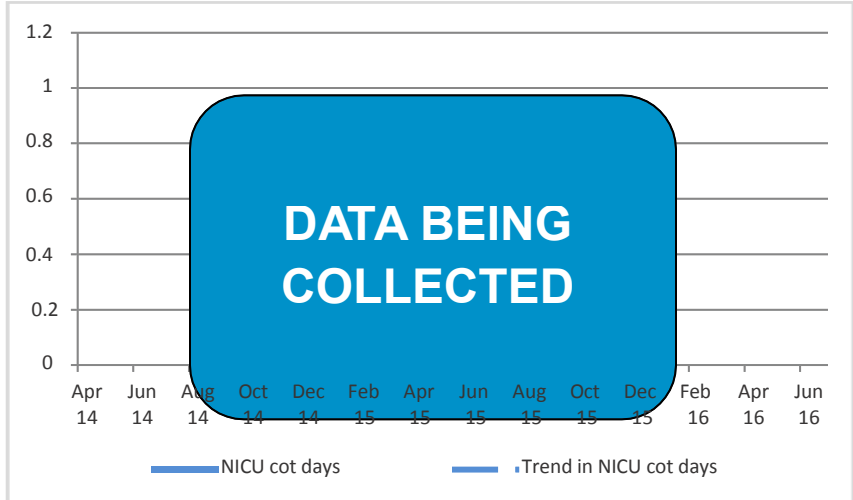
Queen Charlotte's - Data for July 2015

Bookings and deliveries originating from Ealing postcodes



Deliveries in July are 45 higher per month than the historic average implying c.600 additional deliveries from Ealing women with a full year effect

NICU cot days



[x]

Current attrition rate (difference between bookings and deliveries)* = 19.1%

Measure	Target	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Midwifery to birth ratio	30	33	33	33	33	33	33	33	33	33			
1:1 midwifery labour care	95%												
12+6 bookings rate	95%	93.0%	94.0%	94.0%	92.0%	95.0%	88.0%	92.0%	97.0%	95.0%	94.0%	96.0%	95.0%
Temporary Closures	0												
SUIs	0												
Complaints	0												

* 1 – (booking / deliveries (6 months prior) X 100%

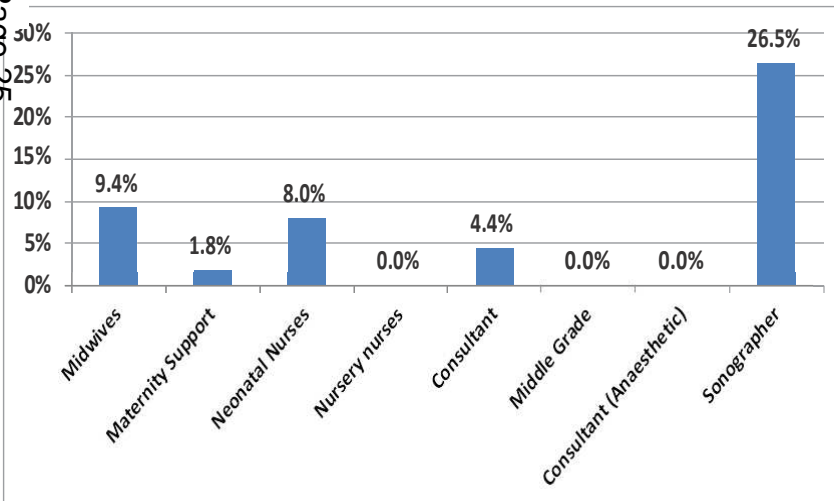
Source: Monthly trust dashboard returns

Capacity and System Resilience Indicators:

Current hours of consultant cover not reported

25 Page 25

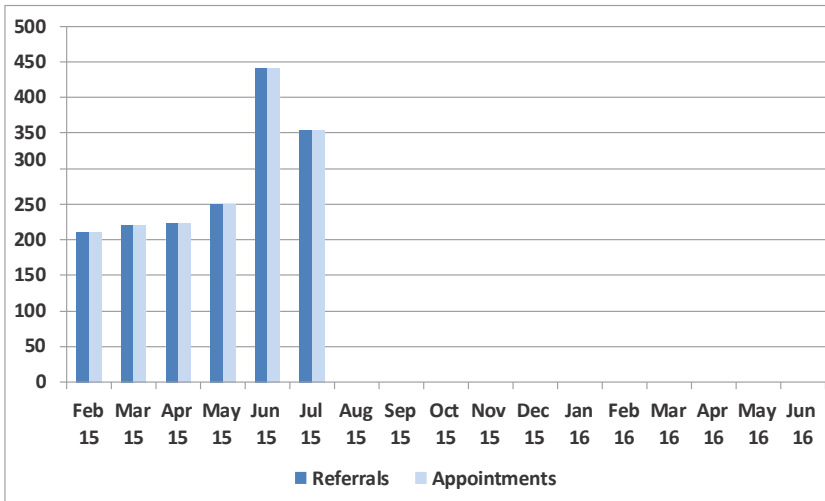
Staff vacancy rates – ICHT w/e 20/8/2015



Sonographers have the largest vacancy rate of c.27%.

Source: Trust workforce returns w/e 12 June 2015

Referrals and appointments from Ealing CCG

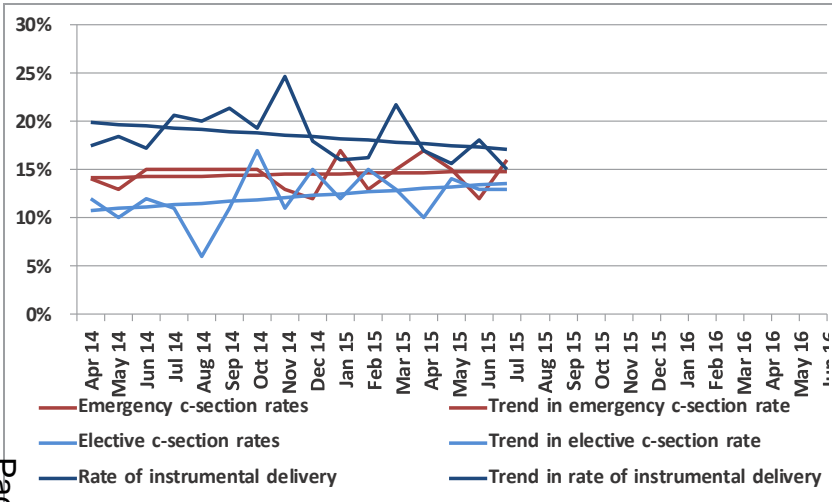


The July data still shows a higher level of referrals from Ealing women than in February to May

Source: Maternity Booking Service (MBS) data

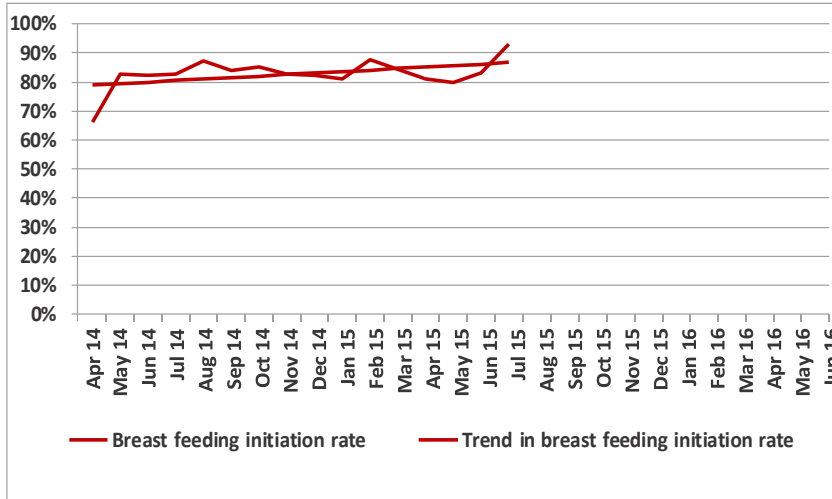
Other Quality Indicators:

Elective and emergency C-section / Instrumental deliveries



Elective C-section deliveries are showing a slight increasing trend with emergency C-section deliveries remaining stable accounting for c.12% and c.15% of deliveries respectively. Instrumental deliveries are showing a slight decreasing trend accounting for c.19% of deliveries.

Breast feeding initiation rate

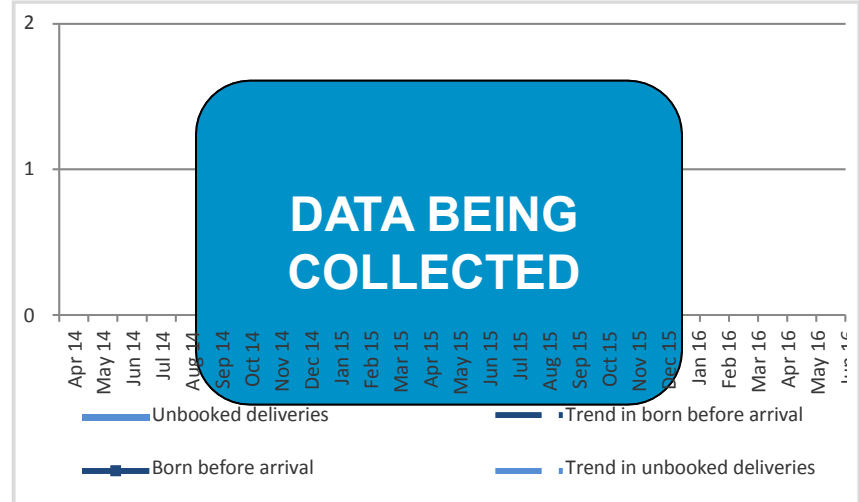


Clear increasing trend in breast feeding initiation rate, currently at 87%.

Source: Monthly trust dashboard returns

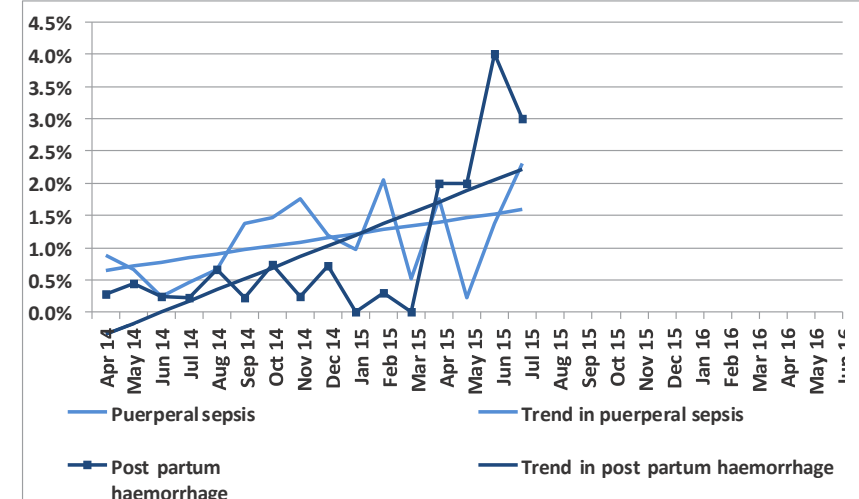
Queen Charlotte's - Data for July 2015

Supported deliveries



[x]

Post partum haemorrhage & Puerperal sepsis



Post partum haemorrhage was redefined in April which has led to a reported spike in incidence. Puerperal sepsis remains in a volatile range of 0 - 2%

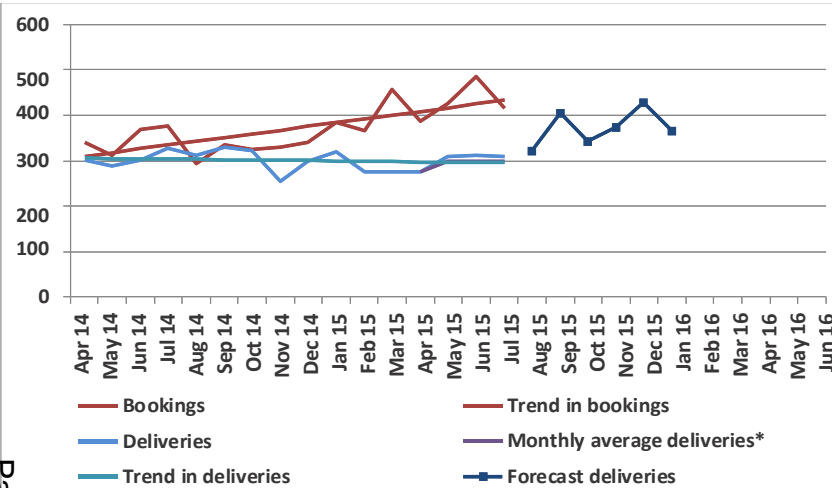


St Mary's

Monthly Maternity Transition & Quality Dashboard

Demand Indicators:

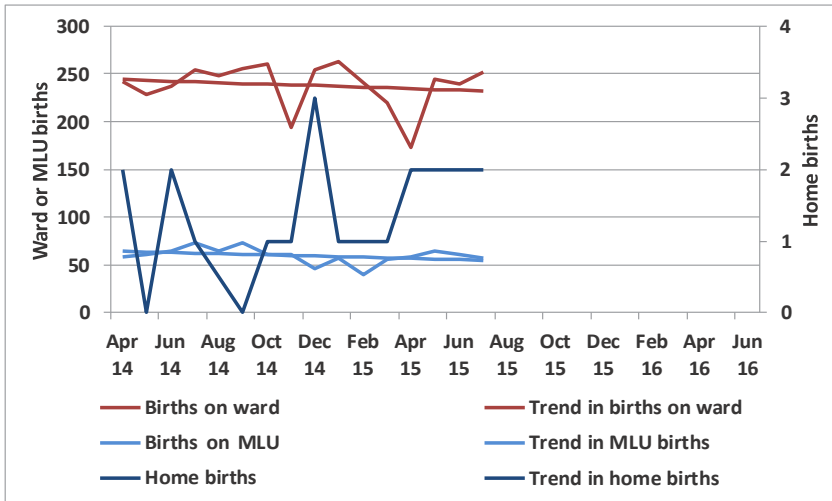
Bookings and deliveries



The rising trend in bookings leads to a forecast increase in deliveries. Actual deliveries in July are not very different from 12 month average

Page 2828

Deliveries in MLU, Home and Labour Ward

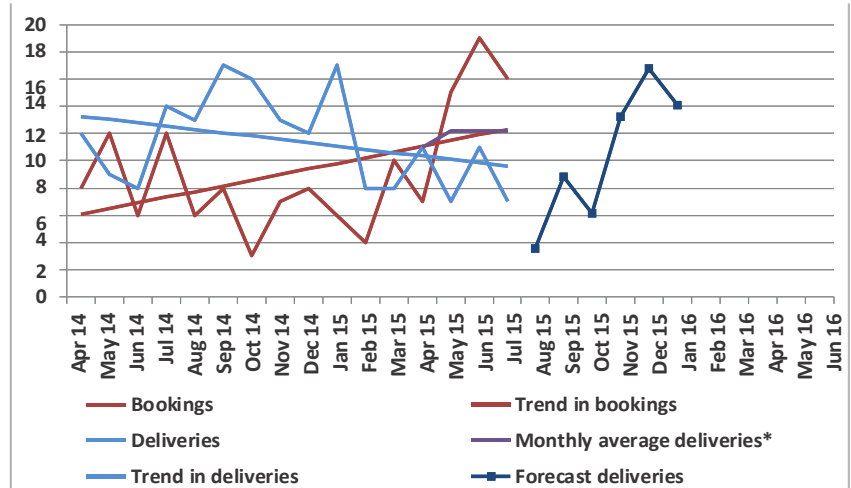


Deliveries in MLU and Labour Wards remain steady in the last year with 79% of deliveries in Labour Wards and 20% in MLU.

Source: Monthly trust dashboard returns

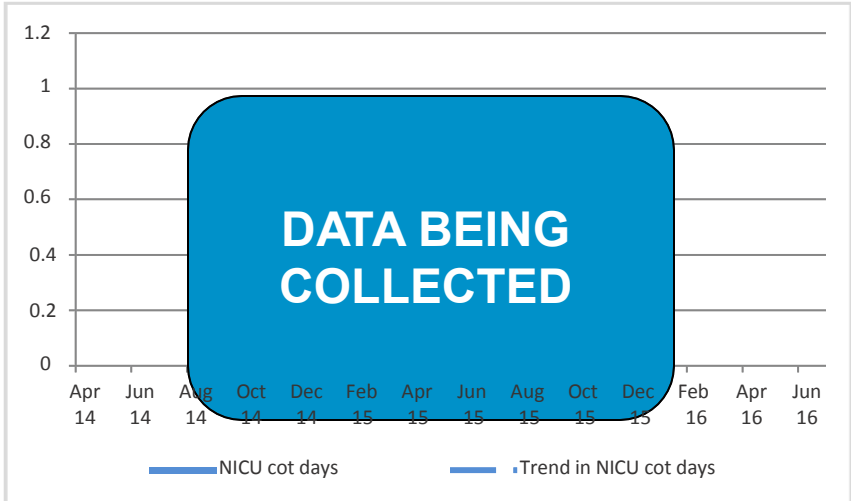
St Mary's - Data for July 2015

Bookings and deliveries originating from Ealing postcodes



Spike in bookings during transition translates to increasing trend in forecast deliveries. Reported deliveries from Ealing women remain low.

NICU cot days



[x]

Current attrition rate (difference between bookings and deliveries)* = 12.6%

Measure	Target	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Midwifery to birth ratio	30	33	33	33	33	33	33	33	33	33			
1:1 midwifery labour care	95%												
12+6 bookings rate	95%	91.0%	86.0%	90.0%	91.0%	89.0%	83.0%	89.0%	89.0%	93.0%	91.0%	96.0%	96.0%
Temporary Closures	0												
SUIs	0												
Complaints	0												

* 1 – (booking / deliveries (6 months prior) X 100%

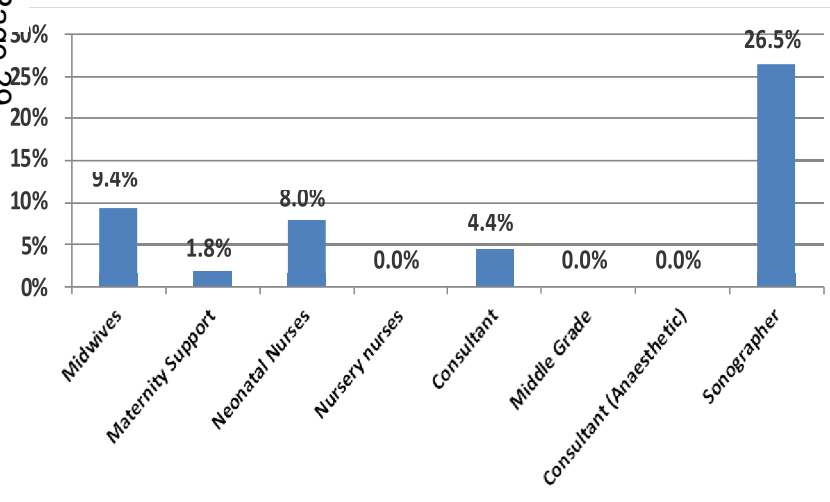
Source: Monthly trust dashboard returns

Capacity and System Resilience Indicators:

Current hours of consultant cover not reported

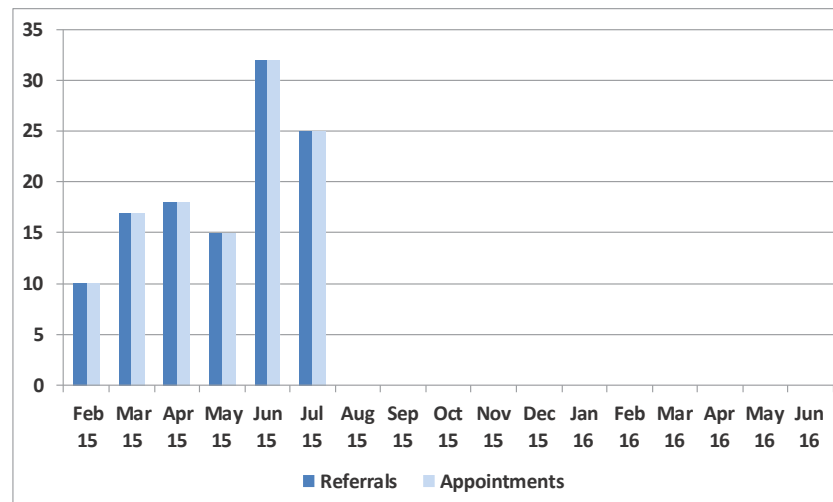
29 Page 29

Staff vacancy rates – ICHT w/e 20/8/2015



Sonographers have the largest vacancy rate of c.27%.

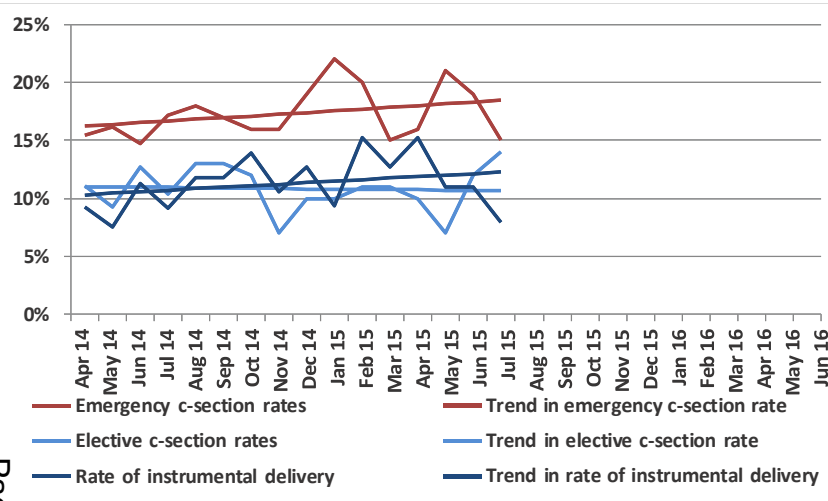
Referrals and appointments from Ealing CCG



The July data still shows a higher level of referrals from Ealing women than in February to May

Other Quality Indicators:

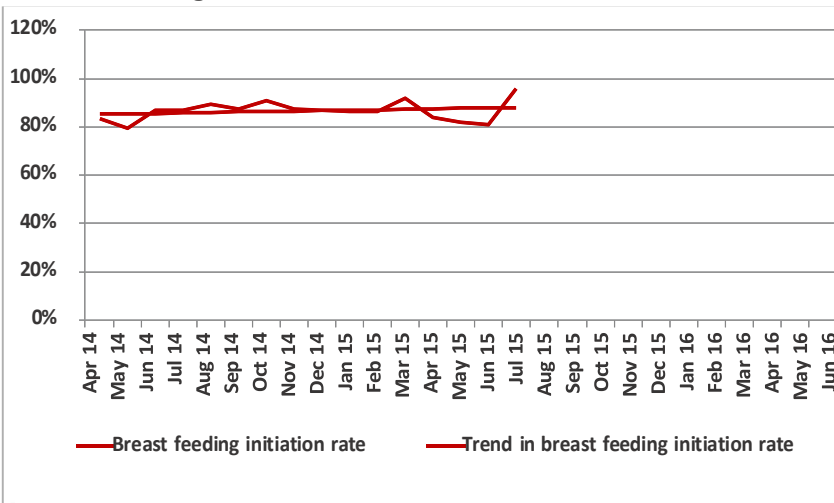
Elective and emergency C-section / Instrumental deliveries



Page 3030

Emergency C-section deliveries are showing a slight increasing trend with elective C-section deliveries decreasing accounting for c.18% and c.11% of deliveries respectively. Instrumental deliveries are also showing a slight increasing trend accounting for c.12% of deliveries.

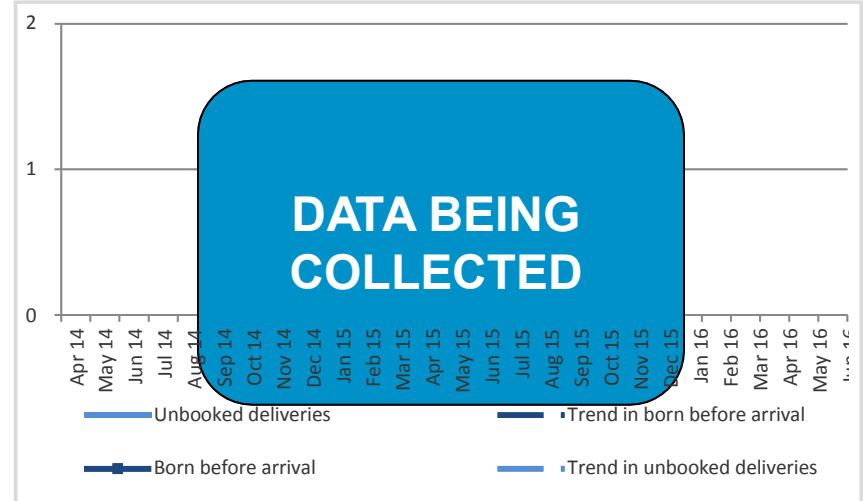
Breast feeding initiation rate



Breast feeding initiation rate rising to 88% in July

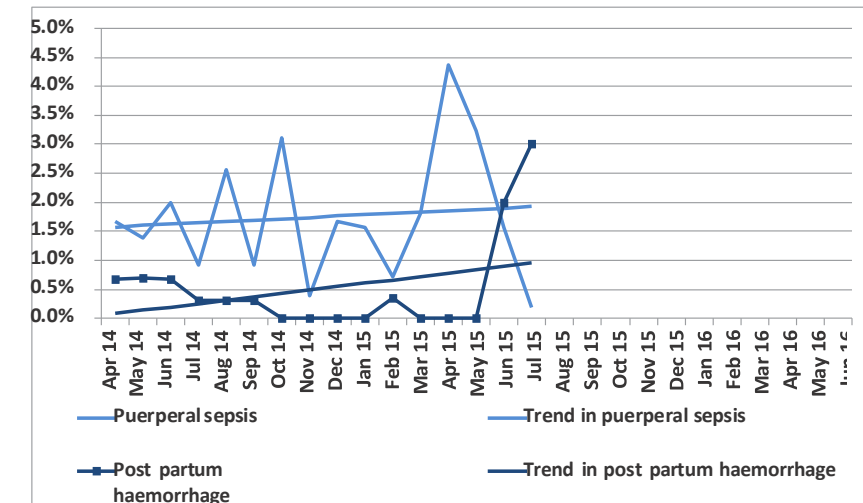
St Mary's - Data for July 2015

Supported deliveries



[x]

Post partum haemorrhage & Puerperal sepsis



Puerperal Sepsis remains centred around c1.5%-2%. Postpartum haemorrhage has been redefined and as such recent months look like an upturn in reported post partum haemorrhage

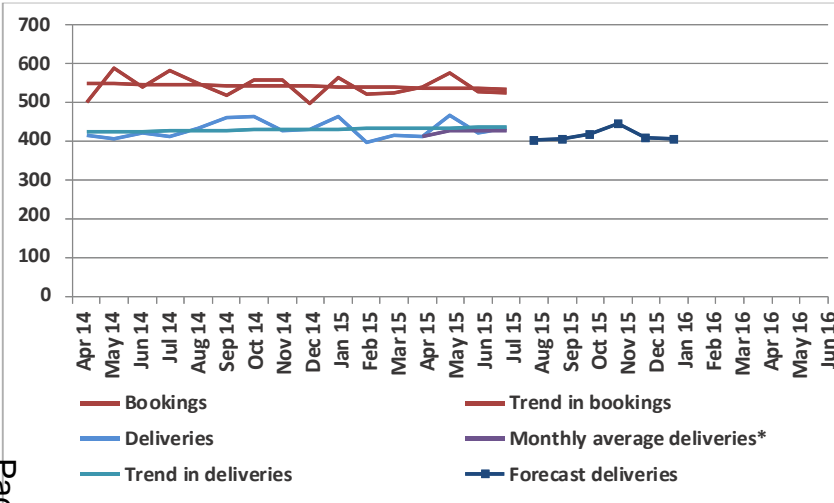


Chelsea Westminster

Monthly Maternity Transition & Quality Dashboard

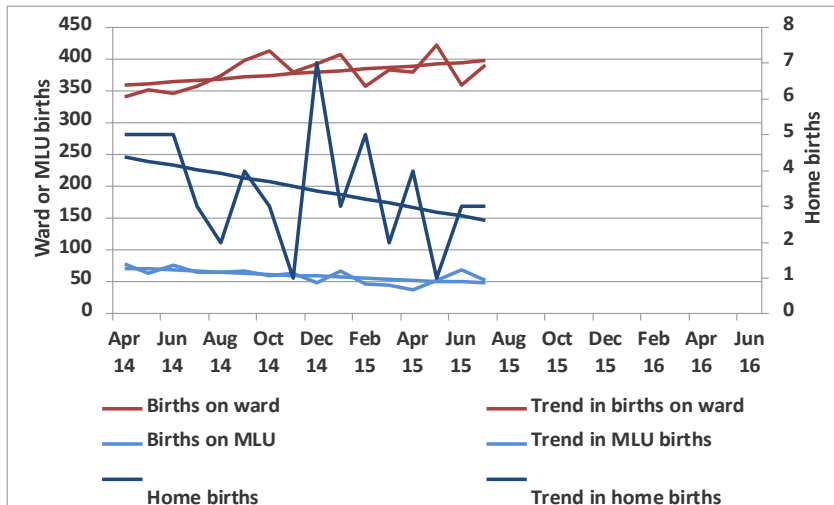
Demand Indicators:

Bookings and deliveries



Bookings and deliveries have both remained steady in the last year totalling c.6,500 bookings and c.5,200 deliveries.

Deliveries in MLU, Home and Labour Ward

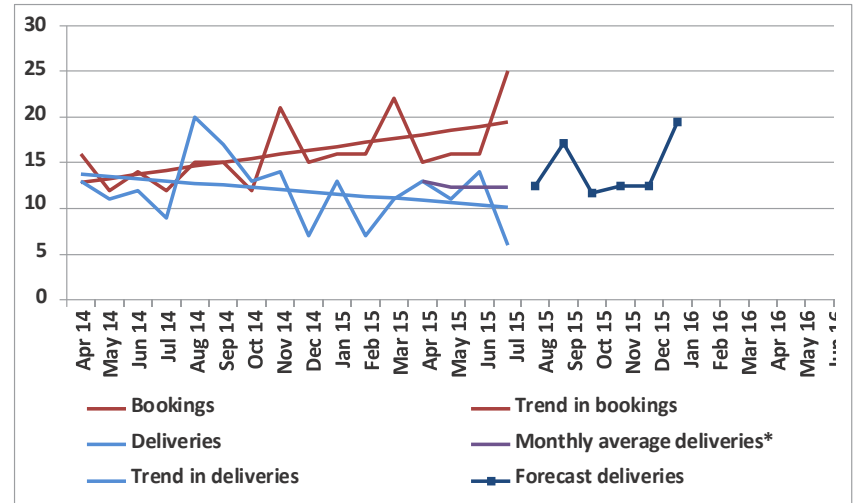


Deliveries in MLU, Home remain steady; Labour Wards increasing in the last year with 88% of deliveries in Labour Wards and 14% in MLU.

Source: Monthly trust dashboard returns

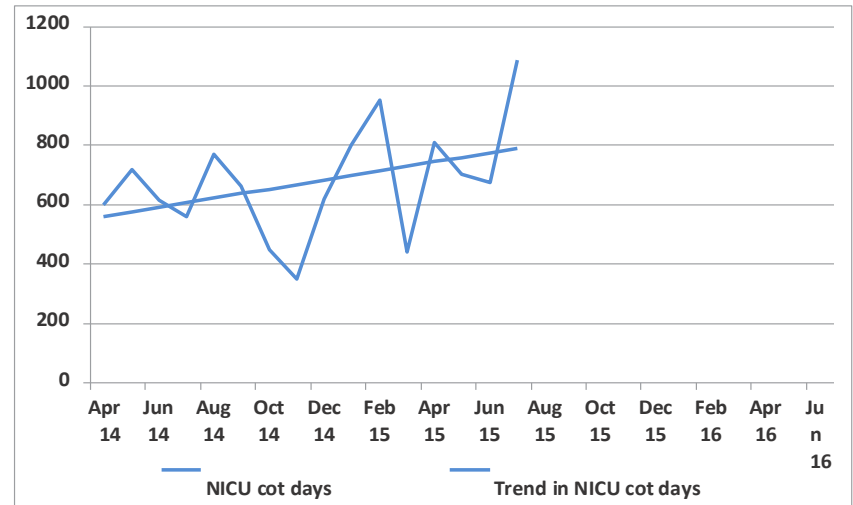
Chelsea Westminster - Data for July 2015

Bookings and deliveries originating from Ealing postcodes



Bookings have increased and deliveries have decreased from Ealing postcodes.

NICU cot days



NICU cot days are showing a slight increasing trend averaging at c.640 days over the last year.

Current attrition rate (difference between bookings and deliveries)* = 21.4%

Measure	Target	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Midwifery to birth ratio	30	32	36	37	30	34	36	28	30	31	38	35	
1:1 midwifery labour care	95%	93.4%	93.0%	97.9%	98.4%	94.4%	96.5%	95.6%	96.0%	96.7%	93.1%	94.1%	95.0%
12+6 bookings rate	95%	94.7%	94.3%	93.4%	93.9%	95.5%	90.8%	87.9%	93.5%	90.6%	92.9%	95.1%	93.2%
Temporary Closures	0	0	1	0	0	0	0	0	0	0	1	0	0
SUIs	0	1	4	3	3	4	3	3	4	1	7	0	3
Complaints	0	5	3	2	7	2	1	1	4	1	1		

* 1 – (booking / deliveries (6 months prior) X 100%

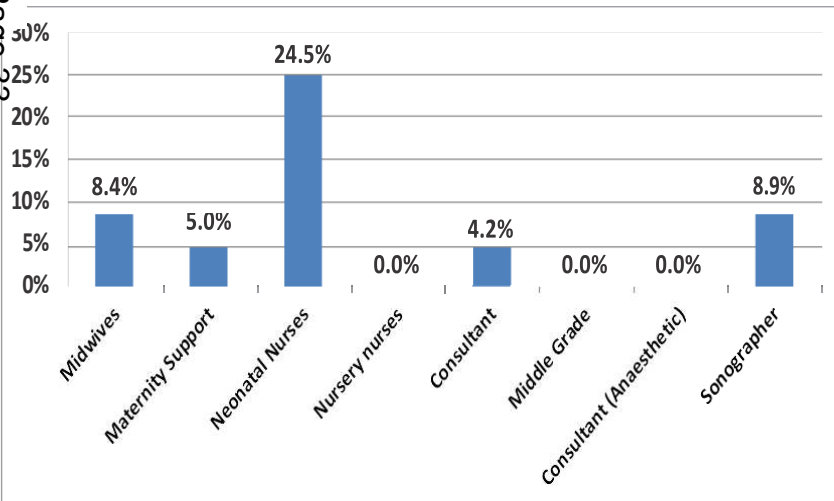
Source: Monthly trust dashboard returns

Capacity and System Resilience Indicators:

Current hours of consultant cover on ward - 110 hrs

33 Page 33

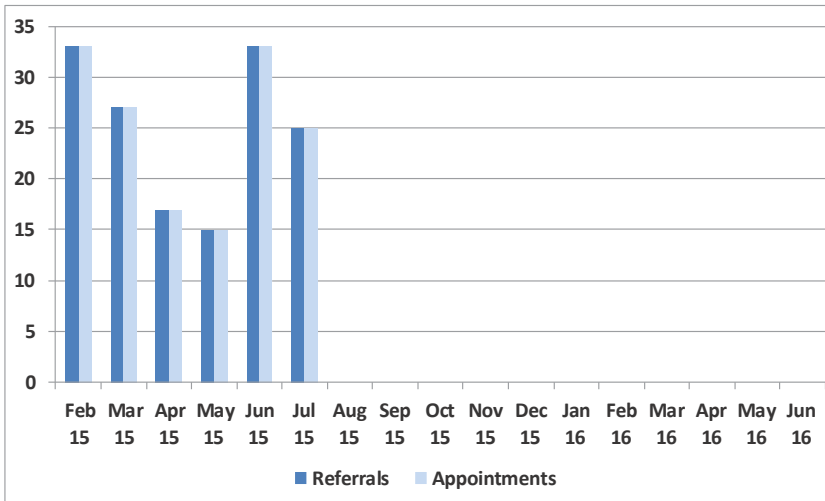
Staff vacancy rates w/e 20/8/2015



Neonatal Nurses have the largest vacancy rate of c.29%.

Source: Trust workforce returns w/e 12 June 2015

Referrals and appointments from Ealing CCG

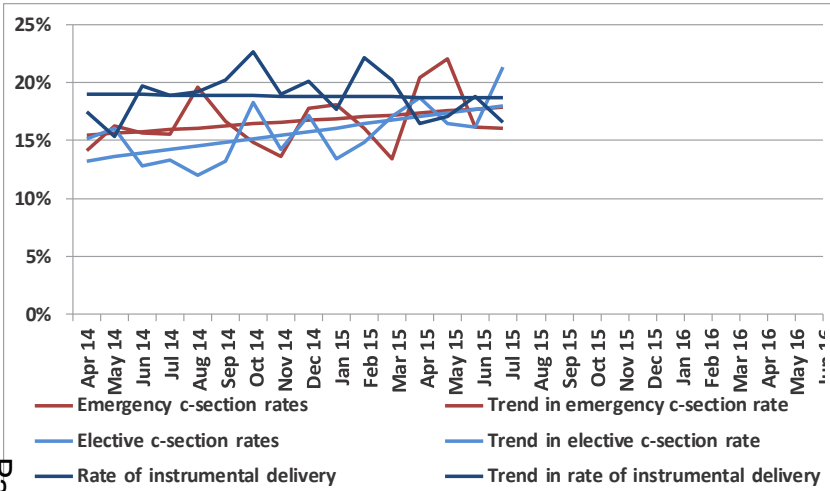


Referrals in June and July look within the normal range of referral activity from Ealing women

Source: Maternity Booking Service (MBS) data

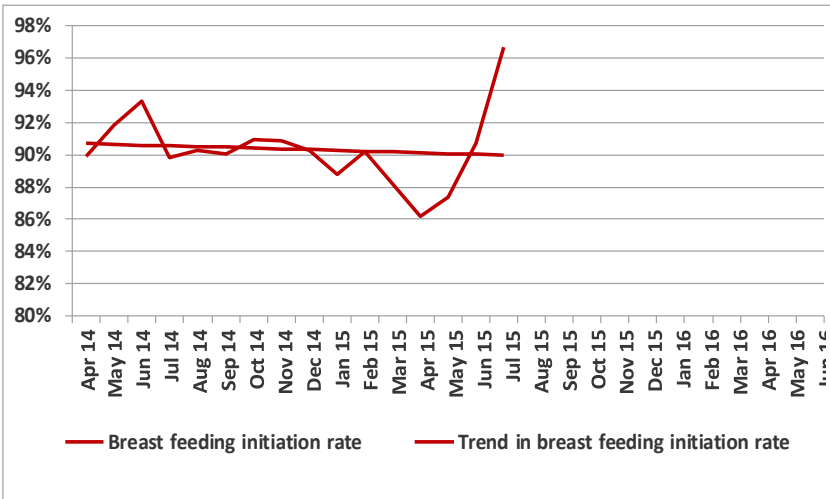
Other Quality Indicators:

Elective and emergency C-section / Instrumental deliveries



Emg. And elec. C-section deliveries are stable accounting for c.17% and c.15% of deliveries respectively.

Breast feeding initiation rate

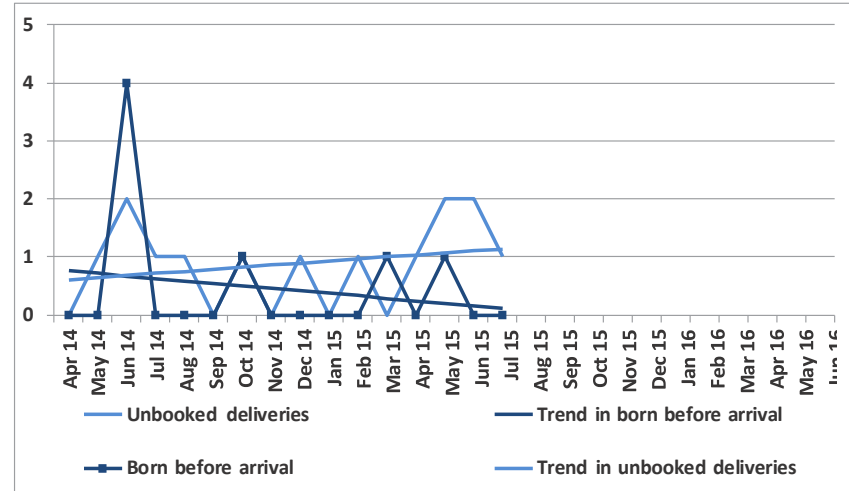


Marked improvement in reported breast feeding initiation rate to 96.7%

Source: Monthly trust dashboard returns

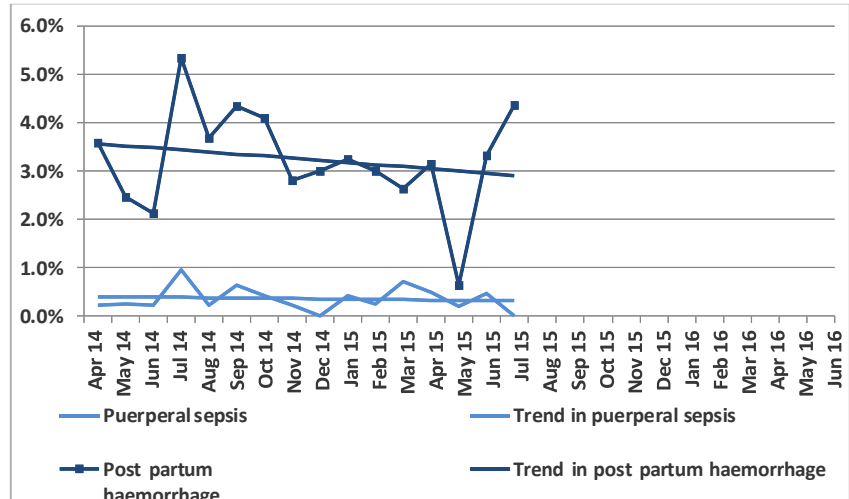
Chelsea Westminster - Data for May 2015

Supported deliveries



Supported deliveries are averaging at 1 birth born before arrival and 1 unbooked delivery per month.

Post partum haemorrhage & Puerperal sepsis



27 Post partum haemorrhage remains a decreasing trend over the year.

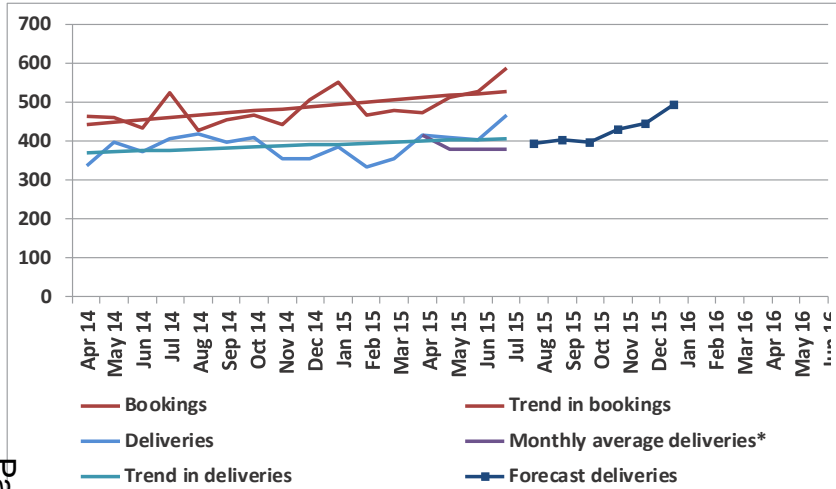


West Middlesex

Monthly Maternity Transition & Quality Dashboard

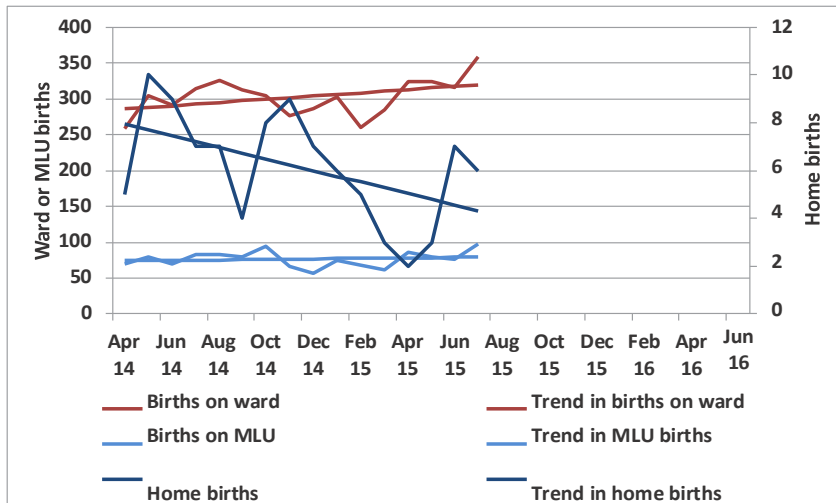
Demand Indicators:

Bookings and deliveries



Deliveries at the unit in the last four months have been higher than the previous 12 month average. The full year effect if this average increase remained implies an increase of c. 550 deliveries at the unit over 12 months

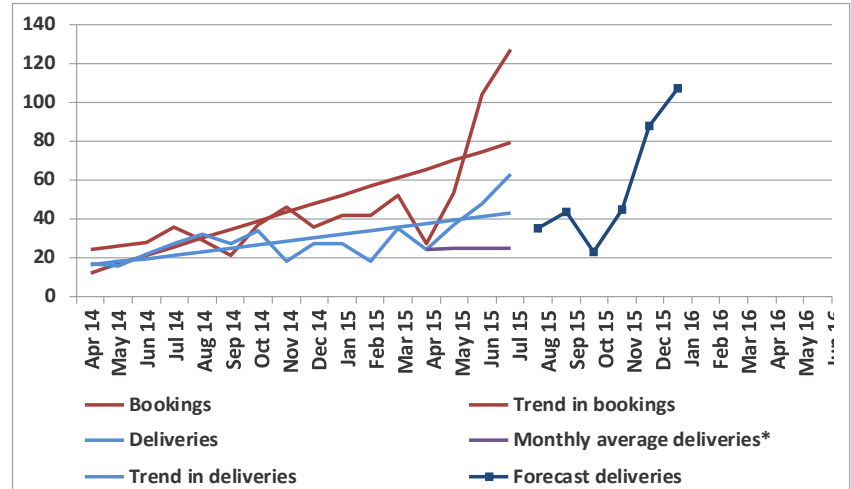
Deliveries in MLU, Home and Labour Ward



Deliveries in MLU, Home and Labour Wards remain steady in the last year with 78% of deliveries in Labour Wards and 20% in MLU.

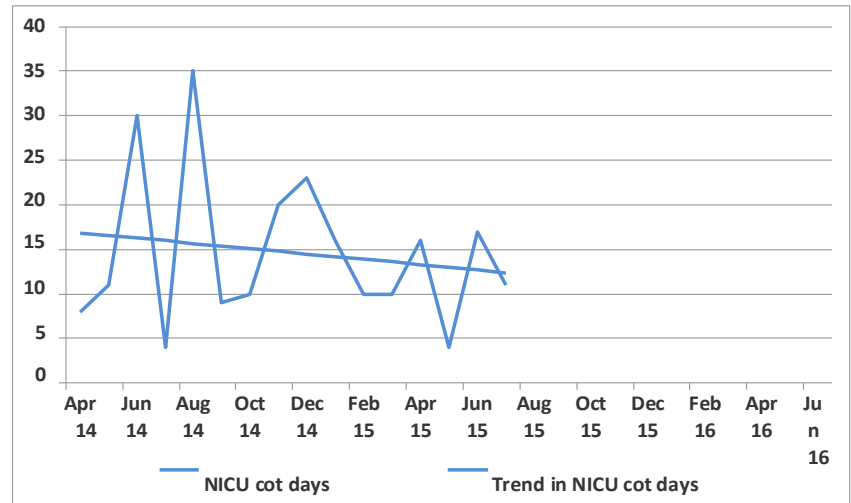
West Middlesex - Data for July 2015

Bookings and deliveries originating from Ealing postcodes



Deliveries from Ealing women increased at the unit over each of the last 3 months.

NICU cot days



Cot days are showing a slight decreasing trend averaging at 15 days per month over the last year.

Current attrition rate (difference between bookings and deliveries)* = 16.4%

Measure	Target	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15
Midwifery to birth ratio	30	36	36	36	36	36	36	36	32	32	32	32	32
1:1 midwifery labour care	95%	94.8%	93.8%	94.5%	96.2%	93.1%	96.0%	95.7%	94.2%	90.6%	93.4%	94.3%	97.8%
12+6 bookings rate	95%	98.3%	96.6%	98.4%	97.8%	96.6%	96.1%	97.6%	98.9%	97.8%	98.5%	98.9%	98.9%
Temporary Closures	0												
SUIs	0	5	2	0	4	2	2	1	2	1	1	0	0
Complaints	0	9	4	4	1	1	2	3	4	4	3	4	4

* 1 - (booking / deliveries (6 months prior) X 100%

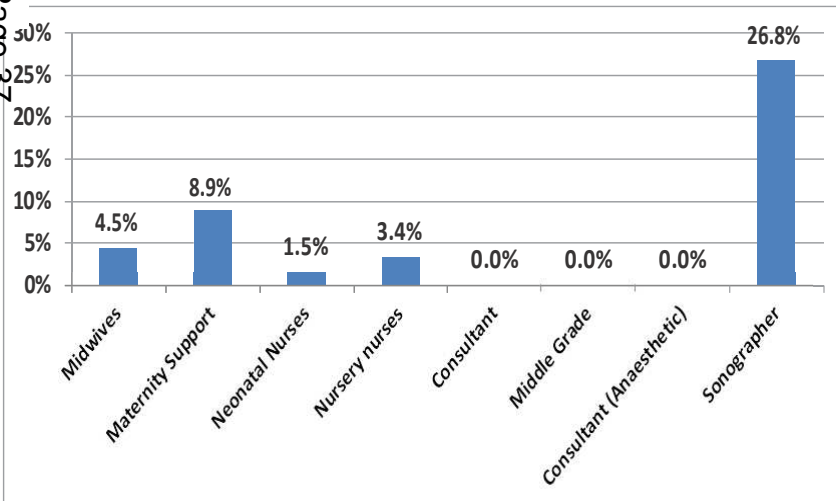
Source: Monthly trust dashboard returns

Capacity and System Resilience Indicators:

Current hours of consultant cover on ward - 144 hrs

37 Page 3

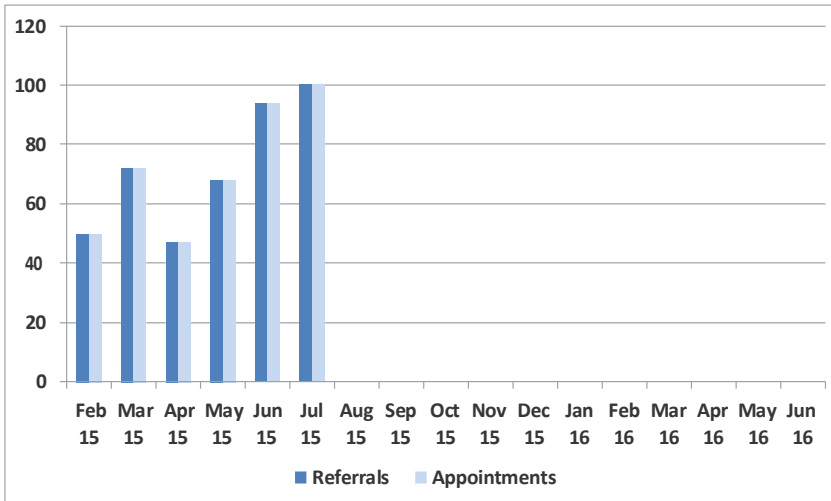
Staff vacancy rates w/e 20/8/2015



Sonographers have the largest vacancy rate of c.27%.

Source: Trust workforce returns w/e 12 June 2015

Referrals and appointments from Ealing CCG

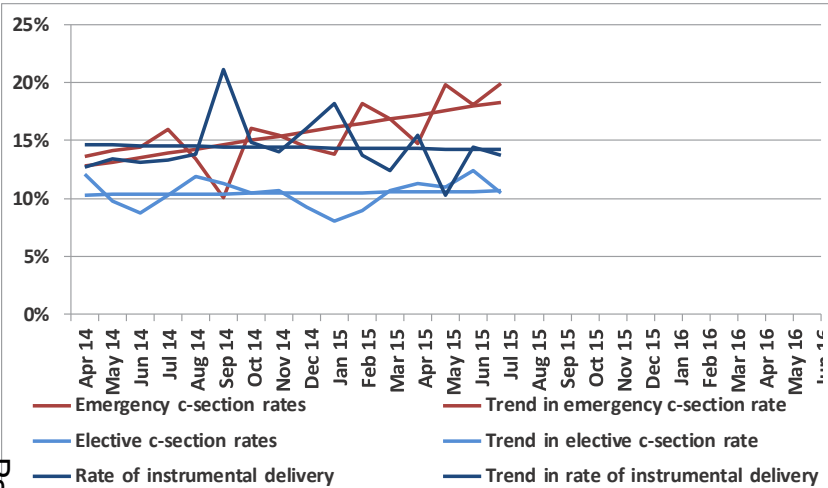


July has seen a higher level of referrals than June

Source: Maternity Booking Service (MBS) data

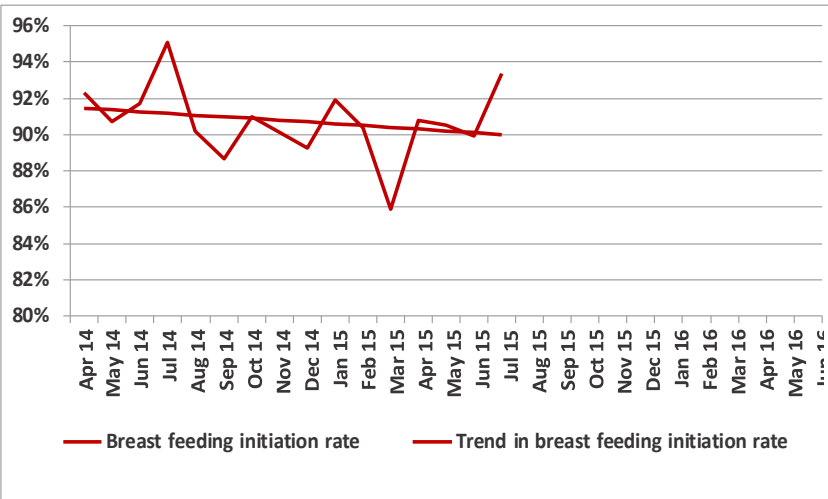
Other Quality Indicators:

Elective and emergency C-section / Instrumental deliveries



Emg. C-section deliveries are showing a slight increasing trend with elec. C-section deliveries remaining stable accounting for c.15% and c.10% of deliveries respectively. Instrumental deliveries are also showing a slight increasing trend accounting for c.15% of deliveries.

Breast feeding initiation rate

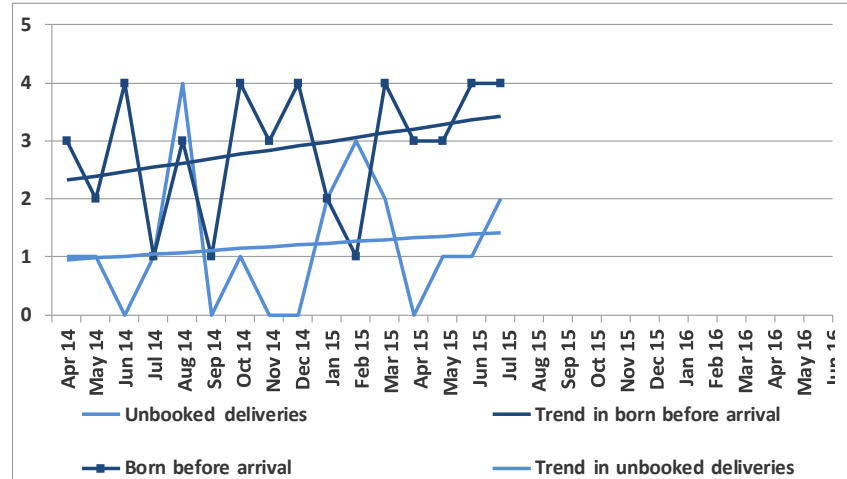


Breast feeding initiation rate moved increased to 93% in July

Source: Monthly trust dashboard returns

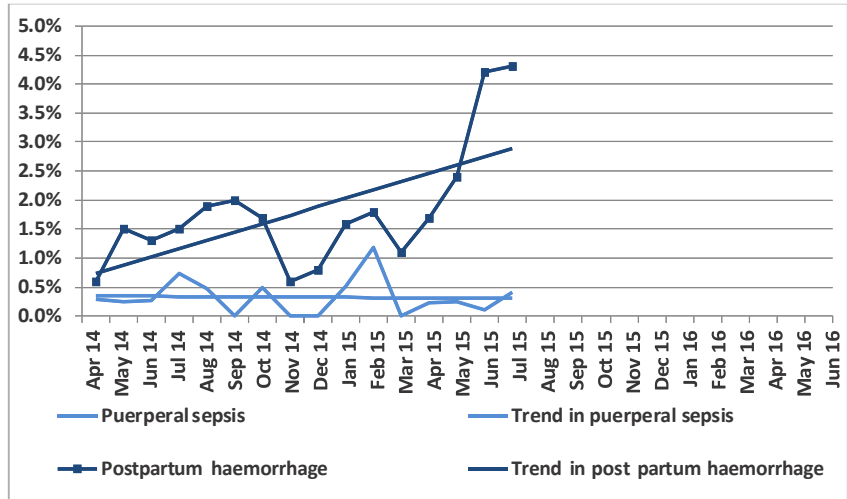
West Middlesex - Data for July 2015

Supported deliveries



On average the unit has 3 births born before arrival and 1 unbooked delivery per month.

Post partum haemorrhage & Puerperal sepsis



Puerperal Sepsis remains low averaging 0.3%. Post partum haemorrhage has been redefined and as such recent months look like an upturn in reported post partum haemorrhage

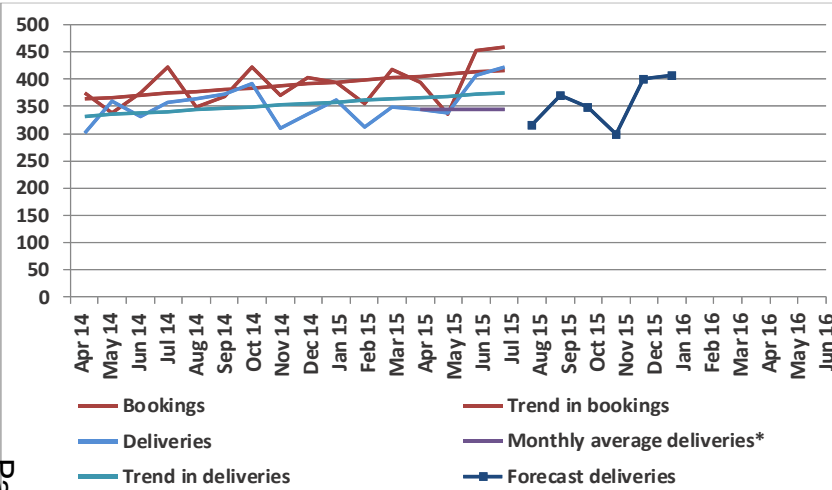


Hillingdon

Monthly Maternity Transition & Quality Dashboard

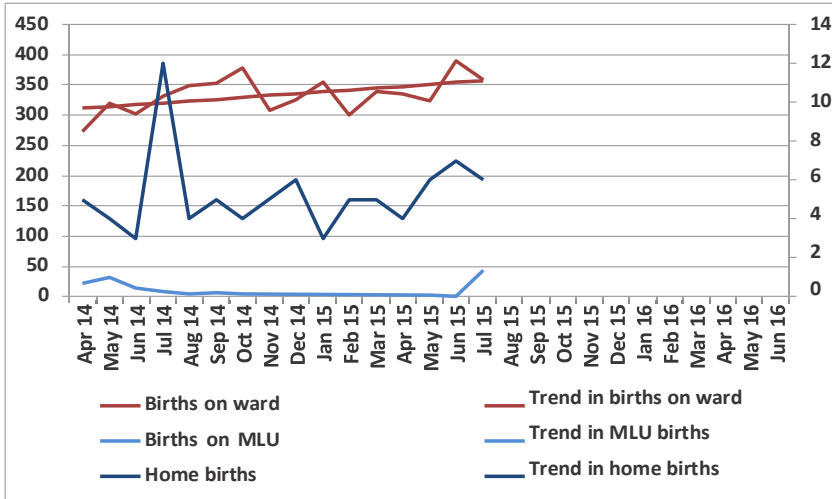
Demand Indicators:

Bookings and deliveries



Deliveries at the unit over the last 3 months are 45 a month higher than in the previous 12 months implying a full year increase of c. 500 deliveries.

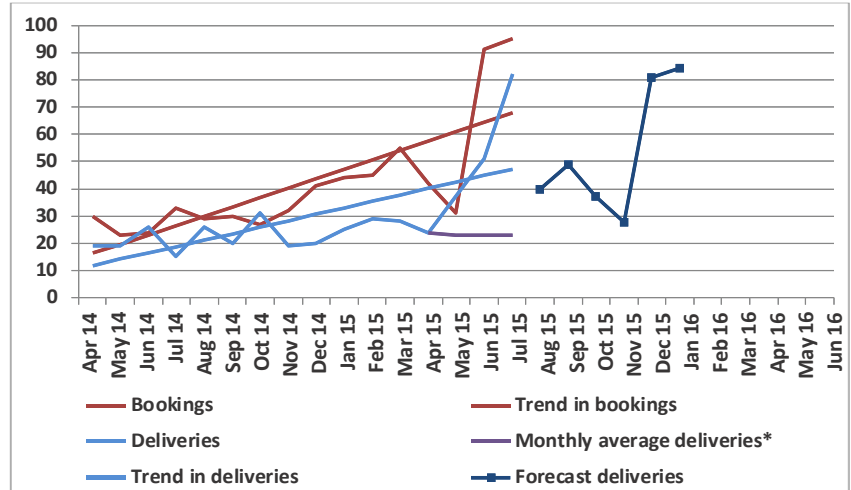
Deliveries in Home and Labour Ward



Deliveries in Home and Labour Wards remain steady in the last year with 96% of deliveries in Labour Wards.

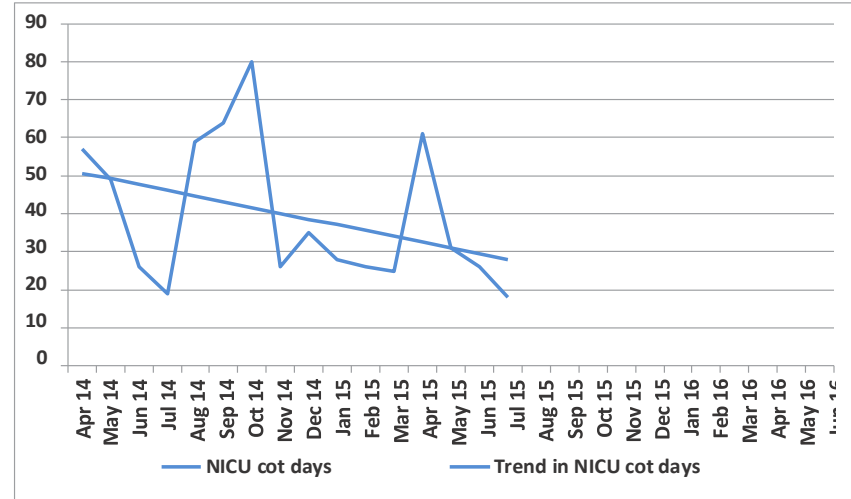
Hillingdon - Data for July 2015

Bookings and deliveries originating from Ealing postcodes



Deliveries and bookings from Ealing women have increased in the last three months.

NICU cot days



NICU cot days are showing a decreasing trend averaging at c.40 days over the last year.

Measure	Target	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15
Midwifery to birth ratio	30	30	34	34	35	27	30	32	27	29	29	29	34
1:1 midwifery labour care	95%	97.1%	95.8%	93.9%	93.3%	98.1%	97.5%	96.7%	94.9%	95.4%	96.8%	96.4%	94.0%
12+6 bookings rate	95%	98.0%	97.0%	96.9%	97.2%	98.7%	97.5%	95.7%	96.0%	98.3%	96.7%	95.6%	96.8%
Temporary Closures	0												
SUIs	0	0	1	5	1	3	0	2	2	1	6	0	0
Complaints	0	0	4	2	1	3	0	4	1	6	5	3	6

* 1 – (booking / deliveries (6 months prior) X 100%

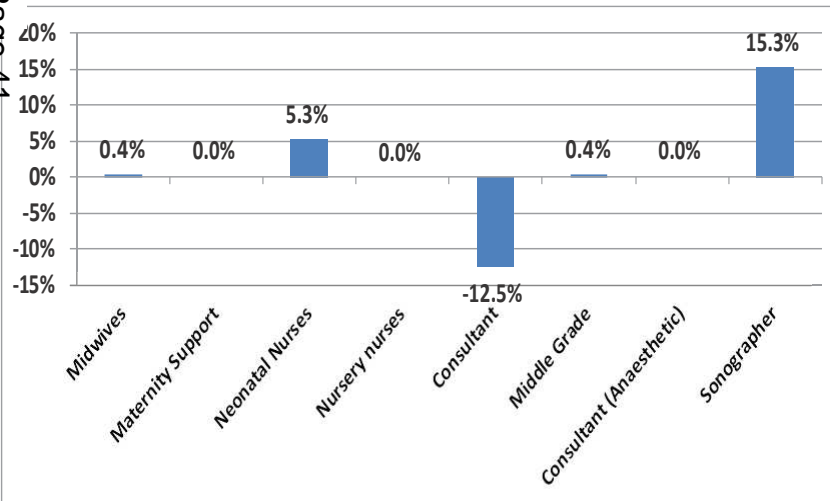
Source: Monthly trust dashboard returns

Capacity and System Resilience Indicators:

Current hours of consultant cover on ward - hrs

4 Page 41

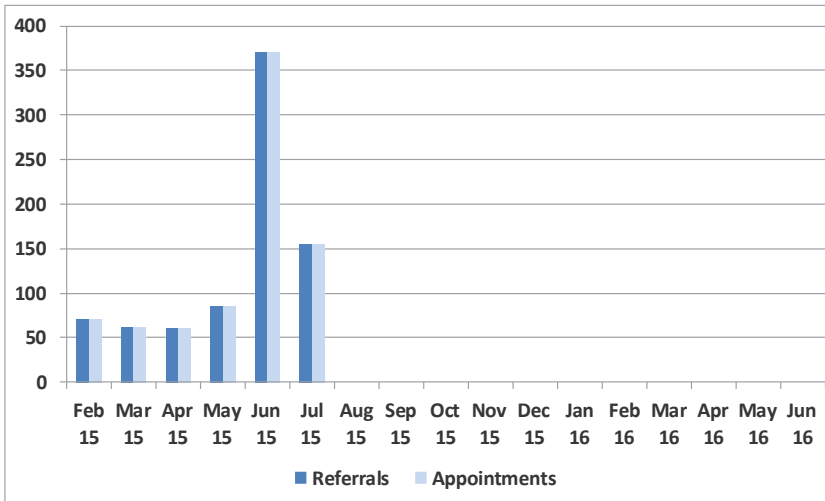
Staff vacancy rates w/e 20/8/2015



Sonographers have the largest vacancy rate of c.15%.

Source: Trust workforce returns w/e 12 June 2015

Referrals and appointments from Ealing CCG

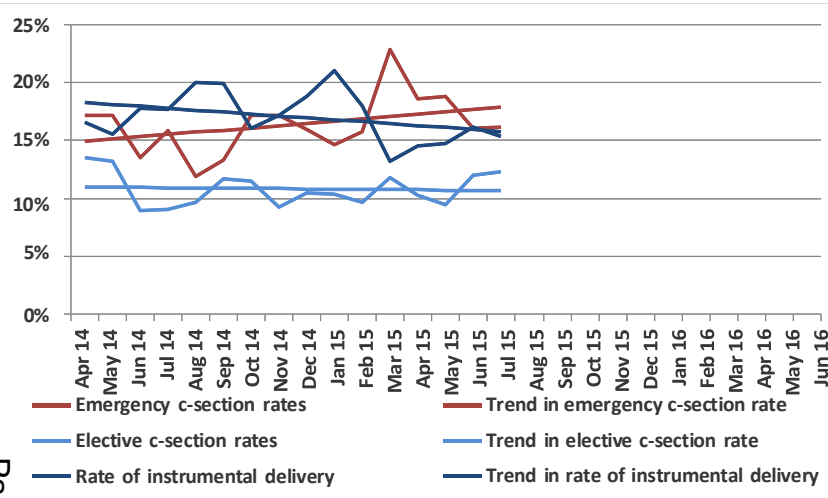


100% of women, since 1st February, were given an appointment at their first choice provider.

Source: Maternity Booking Service (MBS) data

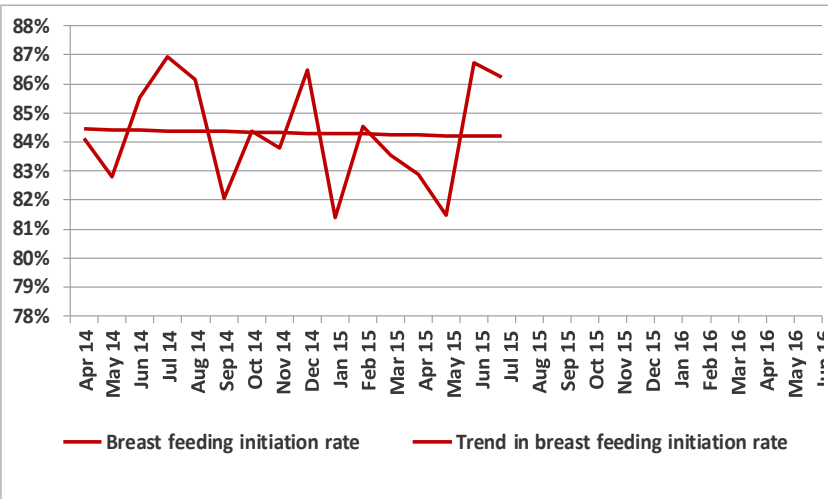
Other Quality Indicators:

Elective and emergency C-section / Instrumental deliveries



Emergency C-section deliveries are showing a slight increasing trend with elective C-section deliveries decreasing accounting for c.16% and c.10% of deliveries respectively. Instrumental are decreasing accounting for c.17% of deliveries.

Breast feeding initiation rate

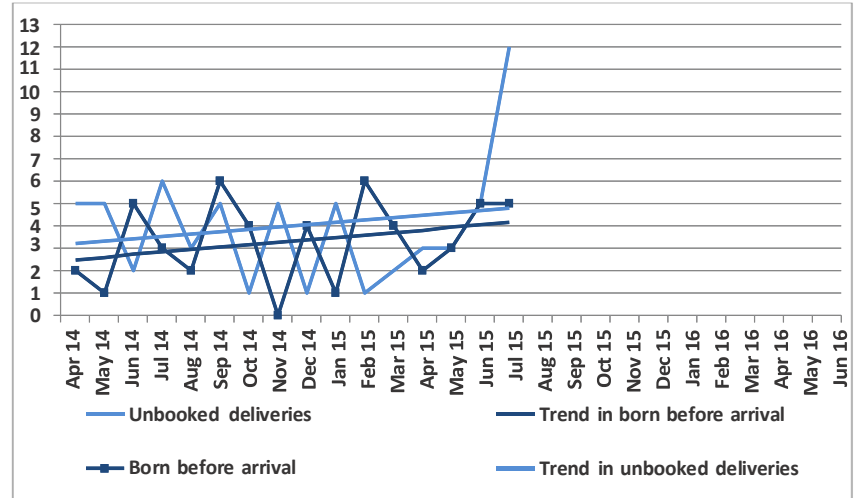


Clear decreasing trend in breast feeding initiation rate, currently at 81%.

Source: Monthly trust dashboard returns

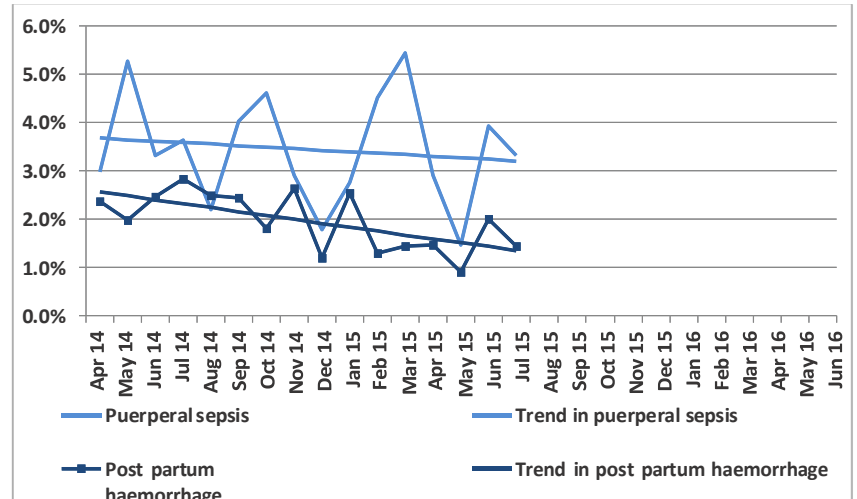
Hillingdon - Data for July 2015

Supported deliveries



Hillingdon experienced significant increase in unbooked deliveries in July. This was due to an NWL agreement that each unit would care for any woman who presented even if booked to deliver at another unit.

Post partum haemorrhage & Puerperal sepsis



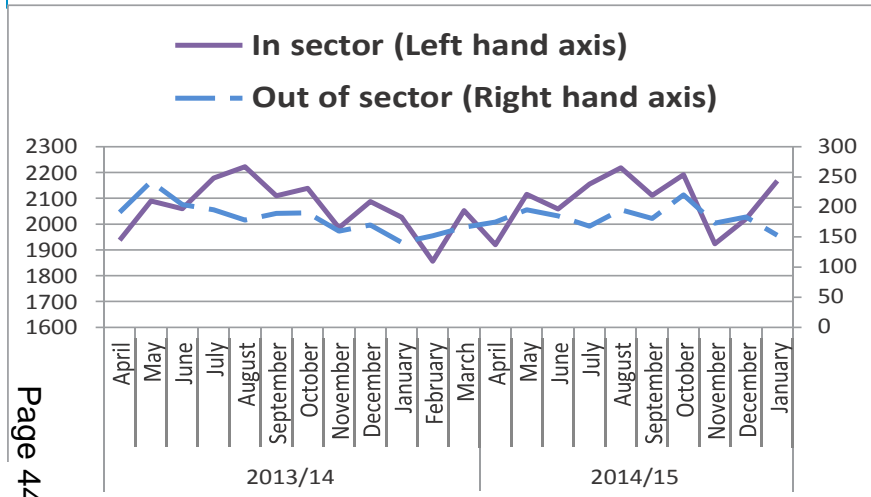
Post partum haemorrhage remains low and decreasing over the year,



Appendix

Maternity transition impact on out of sector flows

NWL in sector and out of sector deliveries from 1st April 2014 to 31st January 2015



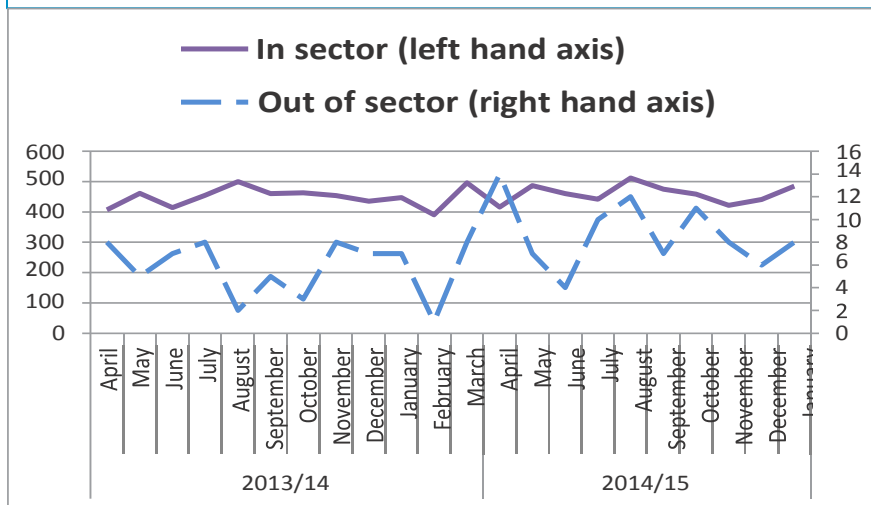
There were 26,924 reported SUS deliveries for the NWL CCGs in 2013/14. The 2014/15 M10 forecast suggests a figure close to the 2013/14 figure

The number of women from NWL and Ealing CCG delivering at providers outside NWL remains stable throughout 2013/14 and 2014/15

Page 444

Source: SUS Data 2013/14 and M10 2014/15

Ealing CCG in sector and out of sector deliveries from 1st April 2014 to 31st January 2015



There were 5,451 reported SUS deliveries for Ealing CCG in 2013/14. The 2014/15 M10 forecast suggests 5,622 deliveries.

UCL (Central London CCG), The Royal Free (Brent CCG) and Barnet & Chase Farm (Harrow CCG) cared for the majority of NWL women that delivered at an out of sector provider

2014/15 Out of sector deliveries by provider

	%	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	
UCL	28%	50	60	61	35	55	58	67	57	61		
Royal Free	24%	43	41	36	40	49	42	50	41	44	48	
Barnet & Chase Farm	20%	31	42	38	38	34	36	48	28	29	48	
Guy's & St Thomas'	7%	11	11	12	15	14	11	15	11	9	15	
Ashford & St Peter's	5%	11	14	9	5	12	8	5	7	11	9	
Kingston	2%	2	3	5	6	5	6	4	4	2	1	
H'wood & Wexham	2%	3	2	3	6	2	1	4	2	5	1	
Whittington	2%	5	2	3	5	1	3	2	3	3	2	
Barts	1%	2	2	1	6	5	2	2	3	2	1	
Other	10%	17	18	17	12	18	14	23	17	17	28	
Total		175	195	185	168	195	181	220	173	183	153	1828

Source: SUS Data 2013/14 and M10 2014/15

Source: SUS Data as at M10 2014/15

This page is intentionally left blank

Update on the transition of paediatric in-patient services from Ealing Hospital

**North West London Joint Health Overview and
Scrutiny Committee**

14th October 2015

1. Introduction

The purpose of this paper is to:

- Set out progress made to date with paediatric reconfiguration implementation planning;
- Describe the programme of work to be undertaken in the 9 months prior to the transition of paediatric in-patient services on 30th June 2016.

2. Background

The 'Shaping a Healthier Future (SaHF)' programme, led by local clinicians, proposed changes to services in North West London (NW London) that would safeguard high quality care and services for the local population. The principles behind this are about putting the patient at the centre of the NHS, providing more accessible care and establishing centres of excellence so that more expertise is available more of the time.

These changes have the unanimous support from all medical directors in NW London, who have written to the Health Secretary setting out that 'there is a very high level of clinical support for this programme across NW London' and that these changes will 'save many lives each year and significantly improve patient's care and experience of the NHS.'

A clear rationale for reconfiguring the way in which paediatric in-patient care is delivered in NW London was identified as part of a sector wide review. This rationale is set out in more detail in the SaHF Decision Making Business Case, however, the main elements can be summarised as:

- Some children can be provided with care at home or in an ambulatory setting as appropriate.
- Staffing levels are variable out-of-hours and there are too few paediatric doctors to staff rotas to safe and sustainable levels.
- For high quality care, units need to be staffed properly. This could be done by concentrating in-patient paediatric care and neonatal care into a smaller number of units.

In response to this, SaHF proposed the consolidation of paediatric inpatient services from six sites to five sites to incorporate paediatric emergency care, inpatients and short stay/ambulatory facilities. The five sites are aligned to the five major hospitals to allow a full array of support services including diagnostics and surgery:

- Chelsea and Westminster hospital
- St Mary's hospital (part of Imperial Trust)
- Hillingdon hospital
- West Middlesex hospital

- Northwick Park hospital

These changes will result in the closure of paediatric in-patient services at Ealing Hospital and the re-distribution of Ealing paediatric in-patient activity to other major hospital sites in NW London.

Consultant cover at Ealing Hospital is below the standard recommended by the Royal College of Paediatrics and Child Health and The London Quality Standards (LQS). The Royal College of Paediatrics and Child Health and LQS recommend that all general acute paediatric rotas are made up of at least 10 (WTE) consultants, all of whom are European Working Time directive (EWTD) compliant. EHT currently employ 5.7 (WTE) consultants, significantly below the Royal College standard. Whilst there is no suggestion that the service is clinically unsafe, the lower number of consultants at Ealing means that there is less senior paediatric cover out of hours (including weekends) than at comparable departments elsewhere, and is thus carrying higher clinical risks than other units.

It is not possible to address this through simply recruiting more consultants to build a rota at for Ealing for the following reasons:

- There is not enough paediatric activity at Ealing Hospital to support a larger consultant establishment in terms of maintaining and developing the clinical skills and competencies necessary to provide a high quality service.
- There is insufficient resource to support this level of consultant establishment. This is both in terms of recruitment, there is a relatively small pool of paediatric consultants in London meaning it is unlikely that candidates of the requisite quality could be found, and also the financial resources to support this number of new positions.

Consolidating paediatric care (and therefore, staffing) to fewer sites will help us to meet the minimum levels of consultant cover needed to achieve this goal. The implication here is that the quality of care received by patients would be improved if paediatric services were transitioned to alternative sites.

Improving the level of consultant cover at fewer centres of excellence will deliver the following benefits:

- Enable NW London to provide consistent 7 day services
- Reduce paediatric Serious Untoward Incidents (SUIs) / Incidents
- Reduce paediatric emergency admissions
- Reduce mortality rates
- Increase patient satisfaction
- Expose trainees to a wider range of complex cases

The consolidation of paediatric service in North West London will also act as a platform for improvements to out of hospital care. One of the guiding principles of the

Shaping a healthier Future programme is to provide high quality care as close to the patient's home as possible. In Ealing, work is already underway to improve the quality of paediatric out of hospital services. Initiatives include:

- **The establishment of a consultant-led paediatric Rapid Access Clinic at Ealing Hospital.** The RAC is a GP-referral only service designed to provide GPs with an alternative to referring patients to A&E, where the need is not urgent. This service will improve the quality of care in Ealing by providing patients with access to specialist paediatric opinion early in the patient journey.
- **Connecting Care for Children pilot in Southall.** This service is designed to provide secondary care-type paediatric services in a community setting, reducing admissions and re-admissions, and upskilling GPs in the provision of paediatric care.
- **Relocation of the Children's Community Nursing Team** and integration with existing day-care services at Ealing Hospital. Relocating the community team will enable paediatric services to be tailored to patient need as patients can be provided with a home visit or asked to attend the day-care service as needed (rather than these functions being fulfilled by separate services).
- **Paediatric care information exchange** – an online resource for (parents of) children with multiple conditions. The information exchange provides access to patient records and self-management advice.

On 20th May 2015, the Ealing CCG Governing Body set a date for the closure of paediatric in-patient services at Ealing Hospital. These services will close on 30th June 2016, contingent on Ealing CCG Governing Body being assured that sufficient capacity exists at receiving sites and that the transition can be delivered safely.

In response to Ealing CCG's decision, the SaHF programme has undertaken detailed implementation planning work, overseen by the SaHF Paediatric Project Delivery Board and Ealing CCG.

3. Paediatric work packages

The figures below set out the key Paediatric work-packages, objectives and deliverables. As the lead commissioner and delegated decision maker (on behalf of NW London CCGs) Ealing CCG Governing Body will be updated regularly on progress against these items over the next nine months. Comprehensive implementation plans will be presented to Ealing CCG Governing Body for review and approval before Christmas.

Work packages	Objectives	Key deliverables
1 Clinical pathway re-design	<ul style="list-style-type: none"> To enable patient referral from Ealing A&E to alternative in-patient depts. To enable the seamless repatriation of Ealing children back into the borough for on-going out-patient/ out of hospital care 	<ul style="list-style-type: none"> Further detailed pathway development Pathway 'operationalisation' (pro-formas, clinical/ information governance, IT) Pathway testing
2 Clinical service re-design	<ul style="list-style-type: none"> To develop a consistent Paediatric Assessment Unit specification for local implementation across NWL. To develop recommendations for Paediatric High Dependency Care in NWL 	<ul style="list-style-type: none"> NWL paediatric HDU model of care and associated activity modelling. NWL Paediatric Assessment Unit common specification.
3 Rapid Access Clinic	<ul style="list-style-type: none"> To establish a Paediatric Rapid Access Clinic at Ealing Hospital to provide Ealing Children with access to specialist paediatric opinion as early in the patient journey as possible 	<ul style="list-style-type: none"> RAC implementation RAC GP communications RAC evaluation
4 Trust capital builds	<ul style="list-style-type: none"> To expand physical capacity at receiving sites such that they are able to receive paediatric activity from Ealing. To expand physical capacity at receiving sites to improve service quality and resilience 	<ul style="list-style-type: none"> Trust Building work mitigation plans Trust building work winter resilience plans Pan-NWL resilience plan Expansion of physical capacity at NPH, WMUH, Hillingdon, St. Mary's
5 Workforce	<ul style="list-style-type: none"> To ensure (via recruitment and redeployment) that receiving sites have the staff they need to manage additional activity from Ealing. To ensure a smooth transition of some Ealing staff to alternative sites 	<ul style="list-style-type: none"> Ealing staff redeployment Ealing trainee redeployment Trust Middle Grade recruitment Paediatric nurse recruitment
6 Activity modelling	<ul style="list-style-type: none"> To project likely patient flows from Ealing to alternative sites such that receiving sites can undertake robust capacity planning and build in significant extra capacity for unforeseen circumstances 	<ul style="list-style-type: none"> Paediatric activity model refresh Impact (if any) of transition on HDU provision at receiving Trusts
7 UCC re-procurement	<ul style="list-style-type: none"> To ensure that St. Mary's Hospital has sufficient capacity to absorb Ealing activity by optimising UCC performance To monitor Ealing UCC re-procurement and ensure alignment with transition timeline 	<ul style="list-style-type: none"> SMH UCC business case SMH UCC activity model SMH UCC procurement plan Ealing UCC re-procurement plans
8 Assurance	<ul style="list-style-type: none"> To ensure that the proposed post-transition clinical and operational model of care is subjected to robust scrutiny. To ensure that NWL's operational readiness for the changes is tested and confirmed 	<ul style="list-style-type: none"> Update for London Clinical Senate (Oct 15) Comprehensive plans & model of care for review and approval by Ealing CCG GB in Dec Papers for incremental sign off by NHSE/ Ealing CCG as work is completed.
9 Communications and engagement	<ul style="list-style-type: none"> To ensure that patients, public and healthcare professionals are fully involved in the redesign process. To ensure that patients, public and healthcare professionals are fully aware of the changes being made 	<ul style="list-style-type: none"> Patient and public comms and engagement plan Health & Social Care professional comms and engagement plan Comms materials/ meetings in various media
10 Equalities	<ul style="list-style-type: none"> To ensure that impact of changes on protected groups is understood and mitigated proportionately. To ensure that the duty to reduce inequality of access is fulfilled proportionately. 	<ul style="list-style-type: none"> Travel analysis and recommendations. Equalities analysis and recommendations. Evidence that recommendations have been acted upon in a proportionate way.

3. Key risks and mitigations

The programme maintains a detailed risk register and reviews this on a regular basis. The key risks can be summarised as follows:

#	Risk	Mitigation
1	There is a risk that staff attrition will mean that the Ealing paediatric in-patient service becomes unstable. This could result in unplanned closure prior to 30 th June 2016.	<ul style="list-style-type: none"> Innovative approaches to maintaining Ealing workforce, including incentives for staff and schemes to enable other Trusts to recruit staff and second them back to Ealing for the duration of the transitional period. Shared rotas across Ealing and Northwick Park Hospital being explored (enabled by Trust merger)
2	There is a risk that paediatric activity will move away from Ealing Hospital prior to 30 th June 2016, putting pressure on paediatric services elsewhere.	<ul style="list-style-type: none"> Robust monitoring of activity to provide early warning of activity shift. This is regularly reviewed by senior operational staff from across NWL, who will intervene if necessary. Communications strategy focussed on ensuring Ealing residents know that Ealing Hospital will continue to treat children (both before and after 30th June 2016).
3	There is a risk that receiving Trusts will be unable to recruit (or receive via redeployment from Ealing) enough staff to manage the additional activity expected from Ealing.	<ul style="list-style-type: none"> Robust redeployment plan (based on maternity approach) to ensure no staff are lost to the sector. Innovative approaches to recruitment, including working with Health Education NW London to incorporate training elements into clinical roles, making them more attractive to candidates. Development and implementation of Trust-specific recruitment plans as early as possible. Robust monitoring of vacancies (and associated trajectories) enabling intervention well before transition if necessary.

#	Risk	Mitigation
4	There is a risk that St. Mary's A&E will have insufficient capacity to manage additional activity from Ealing. This could potentially delay the transition as commissioners need to be assured that appropriate system capacity is in place.	<ul style="list-style-type: none"> Commissioners are working with St. Mary's Urgent Care Centre (UCC) and A&E to increase the (currently relatively low) proportion of paediatric activity currently managed by the UCC. All options will be considered to optimise UCC performance.
5	There is a risk that patient flow modelling does not reflect actual patient choices. This could result in under-capacity at some receiving sites and over-capacity at others.	<ul style="list-style-type: none"> Detailed activity modelling has been conducted to anticipate patient flow. Patient flow assumptions are based on postcode analysis and a survey of Ealing service-users. Commissioners plan to re-provide capacity equivalent to at least 127% of current Ealing paediatric activity to ensure significant contingency exists in the event of unforeseen activity flow. Activity model thoroughly tested internally and will be submitted for external review to validate assumptions and outputs.

4. Conclusion

Work will be undertaken to progress the work packages set out above with a view to implementing the paediatric services changes on 30th June 2016. A robust assurance process will be put in place to enable detailed scrutiny and approval of each element of the transition by the Ealing CCG Governing Body, NHS England, the Trust Development Authority and others.

The programme will bring regular updates on progress to JHOSC and local OSC meetings for the duration of the programme.

This page is intentionally left blank