Paper 5.0

THE CASE FOR THE TRANSITION OF MATERNITY SERVICES FROM THE EALING HOSPITAL SITE TO BE COMPLETED ON 1 JULY 2015

Ealing CCG Governing Body

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DRAFT Version FINAL
1 THE RATIONALE FOR THE NEED TO IMPLEMENT THE CHANGES TO THE DEFINED RANGE OF SERVICES

This document sets out the rationale for the proposed timing of these changes (full definition set in Paper 4.0) which were presented in the Decision Making Business Case (DMBC)\(^1\) and approved by the North West London Joint Committee of Primary Care Trusts (JCPCT). Within this paper the following areas are considered:

- The inability of Ealing Hospital to meet the London Quality Standards for maternity services
- The risk and resulting impact of an unplanned closure of these services resulting from:
  - The current declining trend in the number of bookings and deliveries at the Ealing Hospital site
  - The increasing difficulty to recruit and retain skilled midwifery staff at Ealing Hospital
  - The reduction of skills and experience for trainees based at Ealing Hospital
  - The steps which have already been taken to stabilise the service as a result of these concerns
- The requirement to close the unit as soon as all planning and implementation assurance is complete.

1.1 Rationale for proposed transition date for Ealing Hospital maternity and neonatal unit

The SaHF DMBC case for change outlined the main drivers for change as follows:

- There is an increasing number of women with complex healthcare needs during pregnancy
- This requires an increased consultant presence in obstetrics in order to reduce maternal mortality and poor outcomes.
- This could be done by consolidating obstetrics into a smaller number of units with more consultant cover on the labour ward.

Following review of the proposals by the Independent Reconfiguration Panel (IRP) and the Secretary of State in later 2013, SaHF mobilised governance structures to plan for implementation of the proposals.

In 2014, the Deputy CEO of Ealing Hospital wrote to the Medical Director of NHS England (London region) highlighting the issue of reduction in deliveries and the impact this could have on training and the ability to fulfil rota. In response to this, on 19th March 2014 Ealing CCG Governing Body as the lead commissioner for non-specialist services at Ealing hospital, made a decision to invest in a contingency plan that would enable the transition of maternity and neonatal services from Ealing Hospital by 2015 should the clinical risks highlighted by the trust continue. Ealing CCG Governing

\(^1\) Reference to the DMBC (http://www.healthiernorthwestlondon.nhs.uk/document-downloads?term=168)
Body agreed to meet again to discuss the issue in autumn 2014. As part of this planning, the CCG decided to invest in maternity beds in other units in NW London in case safety was compromised resulting in an unplanned closure.

This section examines the challenges still facing the Ealing maternity unit and the rationale for the proposal to complete the transition of the Ealing maternity, neonatal and emergency gynaecology services at Ealing on 1 July 2015.

There is a strong risk of an unplanned closure should the challenges outlined below continue to get worse. Unplanned closure would adversely impact on neighbouring hospitals in NW London, which in the absence of a planned transfer of staff from Ealing might not have workforce in place to accommodate a sudden increase in activity. It would also cause confusion and uncertainty among staff and patients. While there may be capacity within existing Trusts in NW London to handle a slight increase in bookings from Ealing women (due to the fact that many of the Trusts in NW London experienced a drop in deliveries during 2013/14 and 2014/15 and therefore have some capacity), a significant increase in demand at any of the Trusts in NW London over a short period cannot easily be sustained due to workforce constraints. Those maternity units in NW London that are able to receive bookings from Ealing women now will be unable to offer the future model of care for community midwifery services to Ealing women. Even without the risk of a sustained drop in activity on patient quality at Ealing, Ealing hospital will continue to fail in investing towards meeting the London Quality Standards (LQS).

The challenges facing maternity at Ealing Hospital continue and mean that there will be increasing clinical risk in the year ahead.

The Ealing maternity unit is currently regarded as safe by both the provider and commissioners. However, the challenges outlined to Ealing CCG Governing Body in March 2014 either remain or have intensified. These are set out in more detail below:

**Delivery activity at Ealing Hospital is at its lowest in the last three years and continues to decline**

The London Quality Standards framework demonstrates that a different model of care is required which is predicated on the safer staffing of services. To achieve these staffing ratios, units will be required to increase their volumes of activity which will enable them to increase their staffing levels and meet the standards for midwifery (1:30 ratio) and consultant presence (168 hours of obstetric presence on the labour ward). The acceptance of this requirement formed the basis of the JCPCT decision to close the maternity unit at Ealing Hospital and since that decision activity has continued to fall. The drop in activity at Ealing Hospital is more significant than across all other Trusts in NW London over the same period (see figure 1) particularly following the Secretary of State’s acceptance in late July 2013 of the JCPCT recommendation to close the maternity unit at Ealing Hospital.

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Despite initial forecasts for birth activity at Ealing Hospital suggesting an increase to around 2800 to 3000 deliveries by 2014/15, there were only 2400 deliveries during this period which is well below the number forecast and current booking numbers continue to decline (see figure 2). This drop in activity will impact on the ability of medical and midwifery trainees to acquire the necessary skills and experience due to the lack of exposure to the correct volume and complexity of work in the department, thereby jeopardising their ability to fulfil curricular requirements, as identified by Health Education North West London. Collectively, any further sustained drop in activity levels in deliveries and neonatal activity may lead to the withdrawal of medical trainees by Health Education NW London, compromising the safety of the service.
Figure 2: Bookings at Ealing Hospital have fallen by 53% since September 2014

This reduction in activity has continued during 2014/15, which is causing increasing concern for the short term viability of the unit

While other units in NW London have also experienced a slight decline in bookings during 2014/15 Ealing hospital has experienced the sharpest decline that has continued throughout the end of 2014/15 while other units' booking activity has picked up.

Communications to women has been clear that Ealing Hospital remains open and safe. Other maternity units in NW London have encouraged pregnant women from Ealing to continue to book at Ealing as normal however the number of pregnant women from Ealing postcodes booking at other units in NW London is steadily rising (see figure 3). These other units can handle a small rise in bookings from Ealing but require additional workforce in order to handle any significant and sustained increase. If these units were able to recruit new staff this could threaten the employment of staff currently working in Ealing. Until a decision is made on the timing of the closure of the maternity unit at Ealing, no staff can transfer to other units to relieve these increasing staffing pressures.

This places additional stress on the service and accentuates the growing risks around training, workforce retention and financial stability.
The Board of London North West Healthcare Trust met in December 2014 and discussed this drop in activity, and the level of consultant presence on the labour ward which is currently only 60 hours. The trust recognised that there is a differential level of service at this site than at other sites and so discussed what mitigations could be put in place with local commissioners. Following this discussion, the only viable course of action acceptable to all parties is to transition the activity to other hospital sites in North West London.

**Ealing Hospital is only able to achieve 60 hours of consultant presence on the labour ward**

All other units in NW London are moving towards achieving the 168 hours required by the London Quality Standards (LQS) and have extended consultant presence as expected (see figure 4). The successful implementation of the LQS requiring 168 hours of consultant cover will ensure consultant presence 7 days a week, 24 hours per day. This will raise overall patient quality and experience. Major obstetric complications, benefitting from consultant presence are fortunately rare, but occur more commonly out of normal office hours. With only 60 hours of consultant cover at Ealing Hospital, this equates to approximately 8 hours of consultant coverage per day over only five days per week, significantly less than other providers in North West London. Because of this disparity, women accessing services at Ealing Hospital will become increasingly disadvantaged compared to women delivering at other units in NW London.
Issues have been identified with the quality of obstetrics and gynaecology training at Ealing Hospital.

Ealing Hospital has generally been rated ‘less good’ than other NW London training locations for obstetrics and gynaecology for their overall experience and training in local medical trainee surveys. From a purely training perspective, Ealing Hospital would require significant investment in obstetric consultant numbers to support training needs, and would need to ensure sufficient clinical experience to enable trainees to cover the requirements of the obstetric curriculum - this is not feasible for the current/future levels of activity.

Recent evidence suggesting a declining trend in bookings and deliveries at the maternity unit at Ealing (see below) presents a further challenge for maintaining a safe and high quality training environment for trainees at Ealing – particularly in terms of staffing and supervision at Ealing. Should there be delay to the decision around the optimal timing for the closure of maternity services at Ealing, the risk of staff
leaving and activity levels continuing to decline, will impact on the training environment and staffing supervision for trainees.

In these circumstances, HENWL will need to review the training and supervision environment at Ealing and should there be evidence of deterioration may be forced to consider withdrawal of trainees.

The low levels of neonatal activity at Ealing Hospital are already impacting on the training experience of paediatric trainees. There is only one Paediatric consultant with an interest in neonatology and the low activity levels could result in deskilling and make sub-specialist revalidation a challenge.

It is likely to be increasingly difficult to attract and retain maternity staff at Ealing Hospital

The midwifery staff at Ealing Hospital have continued to provide high quality care to patients and the workforce has engaged with the transition planning process in a positive and professional manner. There are, however, a number of vacancies across London for midwifery posts which are proving difficult to fill. It is entirely understandable that these opportunities continue to grow in attractiveness to a staff group which has no certainty on the transition date from a service which has already been set for closure.

Ealing Hospital already has a turnover rate of 6% and 14 midwives have resigned since the staff consultation. We have developed a NW London policy to offer incentives for Ealing Hospital staff to stay and a commitment from providers to not actively recruit staff from Ealing Hospital in advance of the transition. A commitment has been made that there will be no compulsory redundancies resulting from this transition. Even with this unprecedented agreement in place, the significant risk of staff choosing to leave Ealing Hospital resulting from the ongoing uncertainty is high. Any de-stabilisation of staffing at Ealing Hospital will inevitably present a real safety threat to Ealing Hospital and will have the following consequences:

- Midwives from Ealing would not transfer to other units in NW London as planned and therefore receiving units would not be in a position to cope with additional births as planned.
- Loss of most experienced midwives to the sector will have an ongoing impact as these are disproportionately senior staff seeking work in other areas. They are midwifery supervisors with an integral role in midwifery training and are not easily replaced.
- Midwives and neonatal nurses are in short supply so even if funding could be found for additional staff, there is a risk that there would not be sufficient staff available to recruit. This would necessitate an over-reliance on temporary / locum staff which is not desirable in terms of either quality of service or patient experience.

As a result, the risk of unplanned change due to workforce shortages will increase.

There will be a significant additional cost to maintain the maternity service at Ealing Hospital beyond 2014/15.

In addition to the £2.6m supplementary funding required by Ealing Hospital to ensure it continued to deliver a safe maternity service for the residents of Ealing for 2014/15, the introduction in 2014/15 of the Better Care Fund transferring funding to councils and the need to use any additional investment funding to develop new out of hospital services, mean that continued investment in the maternity service at Ealing Hospital as well as all of the receiving Trusts until 2017/18 is not possible.

In addition, this drop in activity has led to a reduction in income for maternity services at Ealing Hospital, against a constant cost of maintaining the unit and staff, and has resulted in Ealing CCG investing significant unplanned supplementary funding to ensure it continues to deliver a safe maternity service for the residents of Ealing – £2.6 m in each of 2013/14 and 2014/15. These are substantial additional costs to the system that have diverted money that could otherwise be spent on improving maternity or other services across NW London. Without this significant financial support, the
maternity unit at Ealing Hospital would not be viable and it is likely the unit would either have to close, or the hospital would be required to divert financial resources from other services to keep the maternity unit open.

1.2 The proposed transition needs to occur without delay

Collectively, the challenges outlined above mean that doing nothing is no longer an option. Previous attempts to take a decision on this matter have been delayed and the drivers of the timing are now more acute than ever.

The optimal solution for Ealing residents is to ensure that the changes to maternity services take place as soon as is practicable so that the transition can be implemented in a planned manner.

Providing additional funding is not a sustainable solution to keep the service running as it will not address the workforce issues which need to be in place for a safe, high quality service.

The current view of the SaHF Clinical Board is therefore that the optimal solution should be to accelerate the implementation of change. This will:

- Enable Ealing residents to access better quality care
- Create certainty and clarity for staff and patients.

Other maternity units in NW London have made good progress towards achieving improved consultant cover and are therefore better staffed to handle additional activity (see figure 4).

The displaced activity at Ealing is small – on average only 7 deliveries each day spread across 6 receiving sites who have each seen a reduction of activity in the last few years – so receiving units have capacity due to the reducing birth rate.

Receiving Trusts in NW London have made significant progress in expanding their maternity capacity to handle the re-provision of activity from Ealing.

- Hillingdon Hospital is on track for completion the first phase of the refurbishment of its maternity by the end of May 2015 which allows for up to 800 additional births per year.
- Chelsea and Westminster Hospital opened its new Alongside Midwifery Led Unit in February 2014 with capacity for an additional 1000 births per year.
- St Mary’s Hospital and Queen Charlotte’s Hospital (part of Imperial College Healthcare Trust) are on track for completion of the refurbishment of their maternity and neonatal units to handle an additional 1000 births across both sites by the end of May 2015.
- Northwick Park hospital is able to release capacity for an additional 250 births without the need for any changes to their physical infrastructure.
- West Middlesex Hospital opened additional capacity for an additional 600 births which opened in February 2015.

Now that this capacity is available within the local health economy, this service transition can take place as soon as all planning and implementation assurance work is complete.

The unit at Ealing is less able to meet the standards of care for maternity than all other providers in North West London. For the population of Ealing this is an inequality that can not be justified.

Based on all of the information contained within this document, following detailed planning by the Maternity and Neonatal Project Delivery Board there is a recommendation that a date of 1 July 2015 should be set for the completion of the transition of services from the Ealing Hospital site.

The SaHF Clinical Board is meeting again on 17th May 2015 to review the plans in further detail and a verbal update from this meeting will be provided to Ealing CCG Governing Body when it meets on 20th May.