



*Hambleton, Richmondshire and Whitby
Clinical Commissioning Group*

**Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Governing Body**

Date of Meeting: 28 May 2015

Title: Friarage Maternity Centre and Supporting Transport
Arrangements – 6 month review

Report for: Decision/Assurance/Information

This Report includes /supports the following CCG aims:

	Tick
1. Involve people in their care and as part of that we will encourage self-care	√
2. Buy quality services	√
3. Change services for the better and in doing so we will provide care as close to home as possible that is easily accessible	√
4. Use the money we have in the best possible way	√

The CCG values are:

Integrity

Transparency

Collaboration

Focus

Action

Energy

Courage

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1. Introduction and Purpose

In February 2014 the Governing Body received a report detailing the final assessment for the future of maternity and paediatric services at Friarage Hospital Northallerton (FHN) which had been developed following extensive public consultation and a review by the Independent Reconfiguration Panel (IRP). The Governing Body approved option one which involved reconfiguring existing children's and maternity services to provide a short stay paediatric assessment unit and midwifery led unit with full outpatient services and enhanced community service provision.

This report provides the Governing Body with a 6 month evaluation of the changes post reconfiguration of maternity services in October 2014. Within the scope of the report are:

- maternity services; (Paper 12 A)
- the additional commissioned ambulance service; (Paper 12 B)
- and patient shuttle bus. (Paper 12 C)

The implementation of the short stay paediatric assessment unit is not included and will be evaluated once the service has been operating for a minimum of 6 months at the full commissioned level.

South Tees Hospitals NHS Foundation Trust's philosophy for the Midwifery Led Unit (MLU) at FHN is to offer holistic, family centred, flexible antenatal, low dependency labour, delivery and postnatal care which meet women's needs and provide choice as far as possible. This ensures that women have easy access and flexible choice of supportive, high quality, safe maternity services, designed around their individual needs and those of their babies. This report uses the philosophy as a framework to evaluate progress over the last 6 months.

2. Background Information

The reconfigured maternity services at FHN were renamed the 'Friarage Maternity Centre (FMC)' with the aim of transforming the service provided

there into the centre of maternity care for Northallerton and the surrounding areas and fully integrating intrapartum, community midwifery services, day care services and antenatal consultant led care. The new service opened on 06 October 2014 and now comprises of the following:

- A 24 hour midwifery led intrapartum unit
- A Maternity Day Unit (MDU) open Monday to Friday 09:00-17:00hrs
- An Early Pregnancy Assessment Unit (EPAU) open Monday to Friday 09:00-17:00hrs
- An Antenatal Clinic including Consultant clinics and ultrasound
- scanning
- Community midwifery services

3. Key Issues

3.1 Service Provision

The FMC provides women with five one stop, en-suite rooms with facilities for partners to stay. There are three clinical/consultation rooms, a breast feeding room, parent craft room, hearing screeners room and a waiting room.

3.2 Service Uptake

3.2.1 Community Midwifery Activity within FMC

The community team are now integrated with the FMC and a community midwife is available within the FMC Monday to Saturday 09:00 to 17:00hrs to provide a 3rd midwife if needed. During these hours planned antenatal and postnatal appointments are also conducted in the FMC. This activity was established from the onset of the reconfiguration and has remained fairly static over the 6 months. All women are advised to have an early bird appointment as soon as their pregnancy is confirmed and prior to their booking appointment with their midwife in order to be given relevant public health information about their pregnancy and ante natal screening so that they can make informed choices. Previously these appointments have been done by the community midwives at the GP surgeries. At James Cook University Hospital, these appointments are conducted by community Health Care Assistants within the Children's Centres. A review was undertaken and a new process implemented at the beginning of March in order:

- To ensure consistency of provision cross site
- To provide women with choice of timing for appointment including evenings and weekends
- To effectively utilise both community and FMC staff within the semi integrated model
- To fully utilise the FMC environment
- To expose as many women as possible to the FMC environment to encourage it as place for choice for intrapartum care for low dependency women
- To achieve 80% of `early bird` appointment to be undertaken by a Health Care Assistant at FMC.

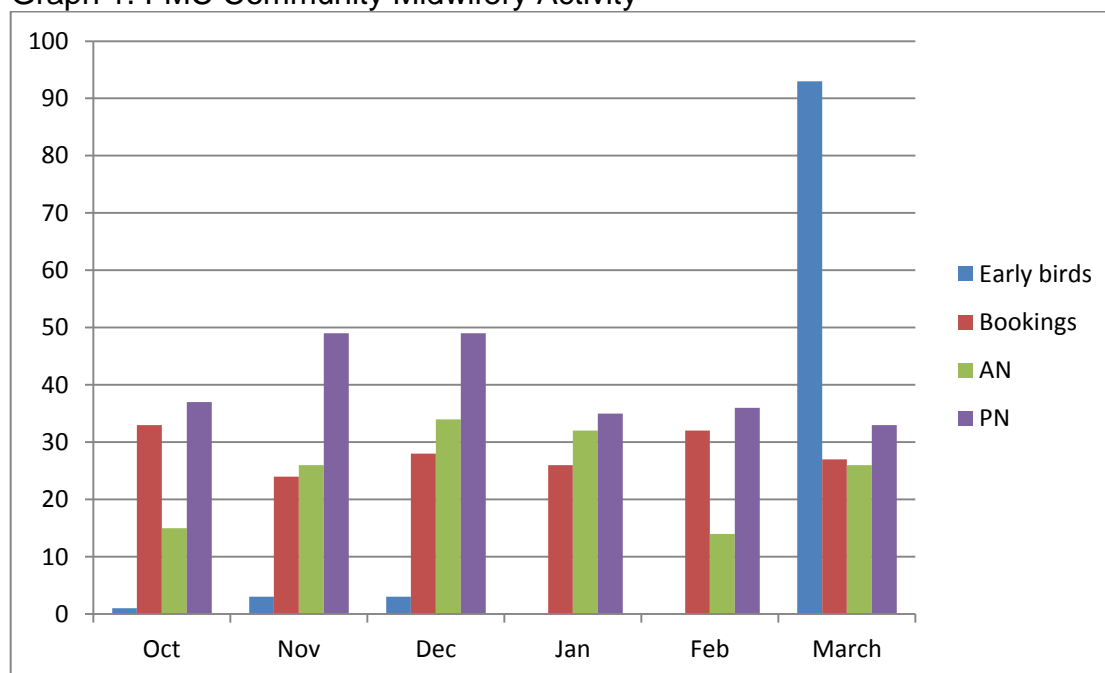
Early bird appointments will be provided by community Health Care Assistants in locality Children’s Centres or GP surgeries for women who are unable to attend the FMC.

Table 1 shows the number of early bird appointments undertaken at FMC in the last 6 months and is presented graphically in Graph1.

Table1. Community Activity at FMC	Quarter 4 Oct-Dec	Quarter 1 Jan-March
Number of early bird appointments (% of total early bird appointments undertaken)	7 4.8%	93 58%
Number of booking appointments % of total booking appointments	85 58%	91 60%
Number of antenatal appointments	75	82
Number of postnatal appointments	135	104

(Data source: South Tees NHS Foundation Trust).

Graph 1. FMC Community Midwifery Activity



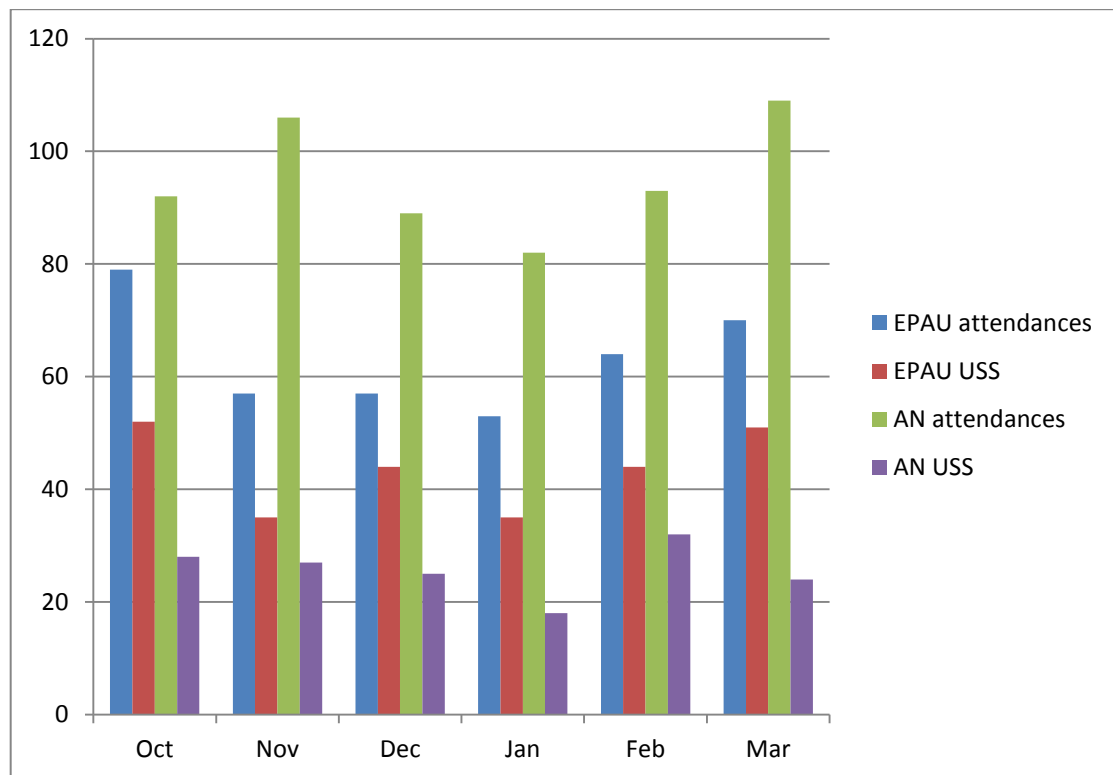
3.2.2 Maternity Day Unit (MDU) / Early Pregnancy Assessment Unit (EPAU) Activity.

The MDU activity and EPAU activity has remained fairly static over the 6 month period and a full EPAU service is provided during office hours when medical assistance is available within the clinics. The number of transfers has increased significantly in the second quarter although there were no themes identified and all were appropriate. This will be closely monitored. It is noted that there were no delays with ambulance transfers from the MDU.

Table 2 below reports the activity over the last 6 months and is presented graphically in Graph 2 along with antenatal attendances and ultrasound attendances.

Table 2. Total number of attendances	Oct-Dec 14	Jan- March15
Number of antenatal attendances	287	257
Number of early pregnancy attendances	193	187
Number of early pregnancy Ultrasounds	131	130
Number of antenatal Ultrasounds (other than routine via antenatal clinic)	80	74
Number of transfers to James Cook University Hospital	4	13 (4 early pregnancy problems and 9 pregnancy complications) Pregnancy complications included:5 abnormal Cardiotocography (CTG) 1 abnormal USS 2 pregnancy induced hypertension (PIH) 1 abdominal pain

Graph 2 Attendances at FMC October 2014 - March 2015



(Data source: South Tees NHS Foundation Trust).

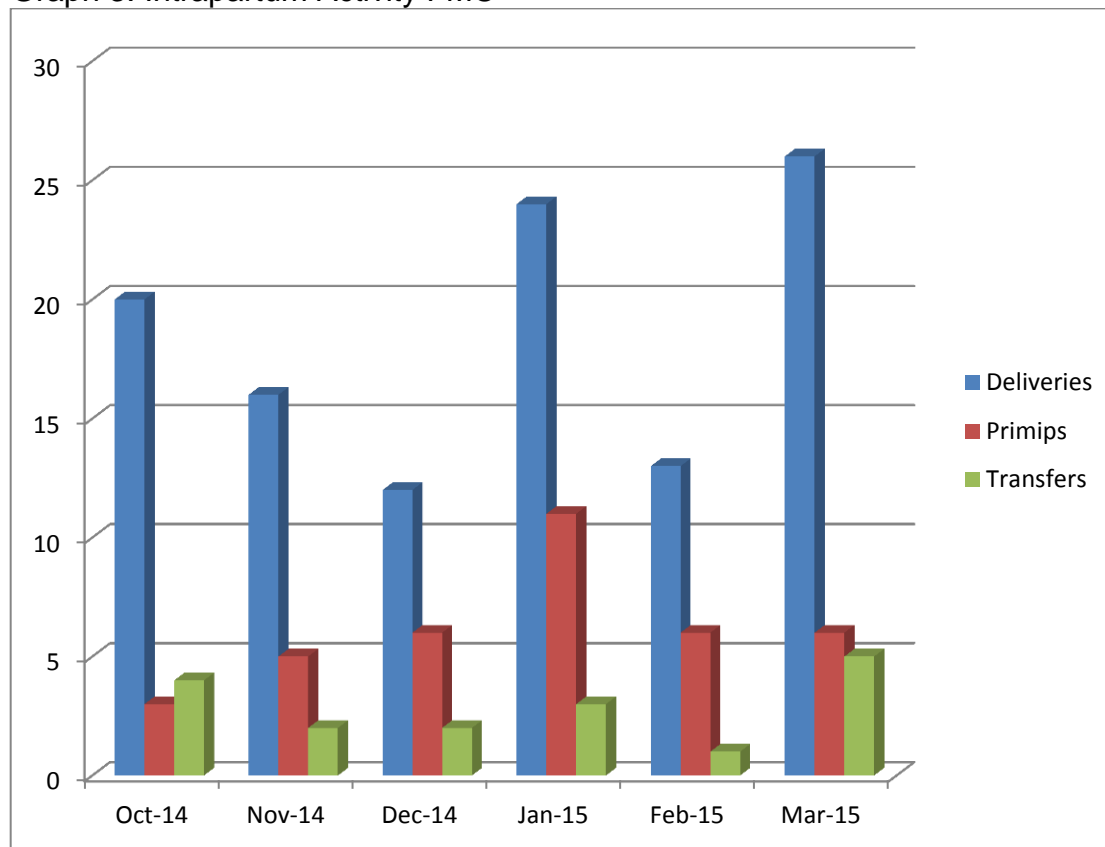
3.2.3 FMC Intrapartum Activity

In the last 6 months there have been 111 deliveries and 10 transfers in labour to James Cook University Hospital.

There were 7 transfers for maternal/infant postnatal complications.

Graph 3 indicates the intrapartum activity since October 2014.

Graph 3. Intrapartum Activity FMC



(Data source: South Tees NHS Foundation Trust).

The reasons for transfers from FMC to James Cook University Hospital are set out in Table 3.

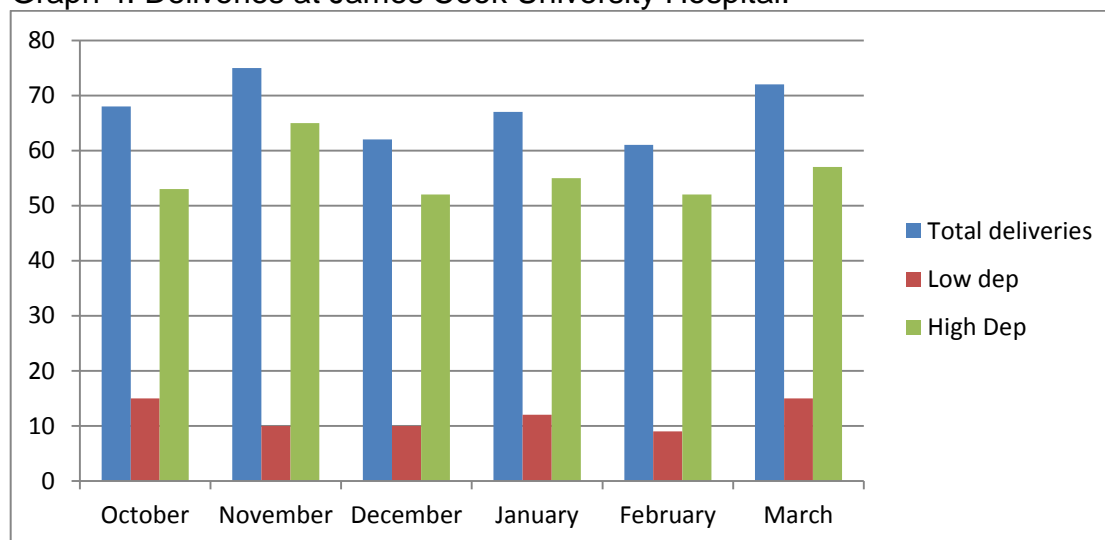
Table 3. Reasons for transfer from FMC	
October-Dec 2014	2 suboptimal Cardiotocography (CTG) 1 raised blood pressure 1 unwell
Jan-March 2015	2 3rd degree tears 1 4th degree tear 3 prolonged 1st stage of labour (all primigravida) 1 breech in labour 1 meconium liquor/abnormal CTG 1 abnormal CTG

3.2.4 James Cook University Hospital Activity

The number of women delivering at James Cook University Hospital from FHN area has also remained fairly static over the 6 month period and as expected, is predominantly women who need high dependency consultant care. Just under a fifth of deliveries were low dependency (Table 4 and Graph 4).

Table 4. Deliveries JCUH	Quarter 4 October -Dec	Quarter 1 Jan-March
Number of deliveries at JCUH from FHN area	205	200
Number of low dependency deliveries	35	36
Number of high dependency deliveries	170	164

Graph 4. Deliveries at James Cook University Hospital.



Without more detailed analysis it is not possible to understand the reasons for these women choosing to birth at James Cook, but likely contributing factors could include proximity to their home address, their chosen birth plan and possibly confidence in the service.

4. Implications/Risks

Quality

4.1 Choice of place of birth

It would appear that intrapartum activity within the FMC midwifery led unit is steadily increasing in the last quarter. At present however, if the activity stays the same over the next 6 months, there would be 200 births per annum which is 100 short of the recommended 300 per year for the unit to be economically viable. Whilst the numbers are very small, there would appear to be some shift in women's choice of provider, with a year on year change (2013/14 - 2014/15) of 68% at Darlington Memorial Hospital, 160% at York Teaching Hospitals NHS Foundation Trust (York Hospital) and 13% at 'other' hospitals. Deliveries at Darlington Hospital peaked during October and November 2014 but have started to reduce. Deliveries at York Hospital increased during November and December and have returned to average activity levels since. Without knowing the reason for women choosing a provider other than the local South Tees Hospitals NHS Foundation Trust, there is no certainty that

the changes to local maternity services influenced their decision. However given that this occurred around the time of implementing the reconfiguration, it is possible that this was a contributing factor.

Paper 12 A Appendix 2 details HRW Deliveries by Hospital Site.

4.2 Ambulance Response Times

The main risk since the implementation of the service changes has been ambulance response times. Whilst the incidence of ambulance transfers has been small, there were some occasions where the ambulance response time was delayed (Table 5).

Table 5. Quarter	No of delays	Length of time from call to attendance
Oct-Dec 14	2	38 minutes 121 minutes
Jan-March 15	2	17minutes 13 minutes

Following a review of delays with ambulance response to requests to transfer, it has been agreed that all transfers from FMC are now classified as priority 1. Investigation of delays has been undertaken by the CCG and Yorkshire Ambulance Service (YAS). Standing Operating Procedures (SOP) have been formulated for use of the extra ambulance. A SOP from FMC is now in place for use of ambulance with/without paramedic. Additionally this has been added to the Trust's Women's and Children risk register, and all ambulance transfer delays will be reported and monitored.

4.3 Normalising Birth and Providing Choices

Through the provision of early bird appointments at FMC, women have the opportunity to attend for public health and screening information at an early stage of their pregnancy, which can improve the health outcomes for the woman and infant. Whilst the FMC acts as a 'hub' for the maternity service, women are able to make choices about antenatal and postnatal location should they choose not to attend FMC.

Services at the FMC are enhanced through the provision of a 24 hour breastfeeding advice and support telephone line. There are also infant feeding drop in sessions. The percentage of women breast feeding on discharge from the MLU has been very high, with 91.6% in the first quarter and 81% in the second. These will be monitored through the routine breastfeeding statistics.

Services provided at FMC will be further enhanced by the implementation of natal hypnotherapy and aromatherapy services which will give women further flexibility and choice to support their antenatal care, labour and delivery.

A 24 hour advice line for both high and low dependency women is also facilitated from the FMC.

4.4 Service User Feedback

Friends and Family Test (FFT) questionnaires continue to be distributed at the key service points at both James Cook and FMC sites. This enables the Trust to receive quantitative and qualitative feedback from service users and helps inform service delivery.

In addition to the monthly FFT, the Trust has developed 2 specific surveys to monitor service user feedback and to understand how the service changes at FMC are being received by local women. A survey is distributed to women during the antenatal and postnatal period to assess their experience of attending the FMC, and a second survey is distributed to women following delivery of their baby (intrapartum period) .

Patient experience questions for antenatal/postnatal service are:

- Did you find the FMC accessible?
- On arrival were the staff welcoming?
- Did all staff introduce themselves with their name and designation?
- Did you find the environment welcoming and comfortable?
- Did you find your privacy and dignity was respected?
- Have the staff given you full explanations of your care/did you feel involved in your care?
- What one area could have been improved/would you like to share a positive experience?
- On a scale of 0-10 how would you rate your experience?

Patient experience questions post-delivery are:

- Have you been happy with all aspects of your care and have you felt safe?
- Do you feel you were given the choice of place of care during your pregnancy?
- Did you feel supported in producing your own birth plan?
- Did all staff introduce themselves at each contact and were they courteous and respectful at all times?
- Did you feel you were given the right amount of information during your pregnancy?
- Have all staff given you full explanations of your care and did you feel involved in your care?
- What one area could have been improved/would you like to share a positive experience?
- Were you left alone in labour at a time that worried you?
- On a scale of 0-10 how would you rate your experience?

Service Users – Responses

Table 6 details the number of completed responses to the FMC survey and the FFT.

Table 6.	Quarter 4* October -Dec 2014	Quarter 1* Jan-March 2015
Antenatal	Not collected	33
Postnatal	Not collected	6
Delivery	21	25
Transfers	4	2
Average satisfaction score (out of 10)	9.6	9
FFT	Not collected	26

*The Trust reports on a calendar year basis.

Results from the FMC experience questions were very positive with an average satisfaction score of 9 out of 10. Women attending the community 'hub' in the last 3 months have been included in the survey and it is planned to expand this to the MDU/EPAU in the near future.

Comments received from the FMC antenatal, intrapartum and postnatal surveys include:

- 'Lovely environment', 'Didn't feel rushed'.
- 'Extremely Accessible' 'Very WELCOMING'.
- 'Staff very good with infection control'.
- 'I needed a growth scan but was reassured at all times'.
- 'I want to book to deliver here'.
- 'Felt involved and my partner and toddler were considered too'.
- 'Brilliant', 'Welcoming for husband and 3 year old son'.
- 'Quiet room offered for breast feeding a drink and biscuit given'.
- 'The staff are the units best asset'.
- 'Labour experience was amazing'.
- 'Nothing needs improving'.
- 'I would recommend'.
- 'Couldn't have asked for better staff'.
- 'Amazing first time labour'.
- 'Fantastic', 'Amazing Food'.
- 'Everyone impressed me' 'family were welcomed after delivery'.
- 'Most wonderful delivery supported by an amazing midwife'.

Where comments were negative or identified room for improvement, action planning is in place to address within the service. Examples of comments include:

- 'Hub cramped, no TV'.
- 'Only reading breast feeding reading material'.
- 'Couldn't deliver here as high dependency – should be able to be induced here'.
- 'Scan payment could be better'.
- 'Trouble taking blood'.

Feedback from the FFT at FMC includes:

- Pool birth was excellent, really helped with the level of discomfort. Calm and reassuring staff made the whole experience much better’.
- All equipment was on hand and staff were supportive and explained what was going on throughout.
- Everything was amazing! 5* care, treatment, advice, support and 110% dedication from the whole team.
- The Friarage Maternity Unit (MLU) is an incredible resource that has got to be maintained. Facilities are 10/10.
- The care was second to none. I felt safe and very looked after. I was initially worried about having my baby in a midwife led only unit, but the staff were fab.
- They kept me calm and everything went smoothly. The food was good and it was a relaxing stay!
- Everything was clean and organised.
- I received personalised, expert care and was made to feel like nothing was too much trouble for any of the staff. Staff were friendly and approachable. My questions were answered appropriately and I felt reassured. I cannot think of anything to improve upon.

A completed survey was returned from 2 out of the 6 women who experienced an intrapartum transfer between January to March 2015. Issues were identified regarding information and support and these are being discussed within the service to seek approaches to improving the experience for these women at what is a particularly distressing and vulnerable time. When asked would your transfer experience put you off having a baby at the MLU in the future, one of the women said that it had. When asked was there anything that could have been done to improve the experience, one commented “cleaner and better communication at JCUH – Wanted a pool birth.” Other comments were “Concerns re dehydration and unable to site IV – Concerns re 3rd degree tear.”

There have not been any complaints during the 6 months.

4.5 Governance

The governance structure and assurances for managing risks within maternity services at South Tees NHS Foundation Trust is documented within the Maternity Risk Management Strategy. The Maternity Service Risk Management Group will ensure there are robust mechanisms and processes for the management of risk and assurance in the Maternity Service. This will be achieved through consideration of clinical and non-clinical risks, health and safety requirements, complaints, incidents and claims ensuring that risks are appropriately reported through the Trust risk registers and to the Patient Safety Sub Group of the Trusts Quality Assurance Committee. The Patient Safety Sub Group supports the Quality Assurance Committee in assuring that the Trust delivers high quality, patient-centred care throughout its acute and community services, particularly with regard to patient safety. The group also monitors the delivery of patient safety improvement initiatives which support the Trust’s objectives in relation to safety and quality.

The CCG will use its agreed quality assurance process to monitor this provision in addition to regular review meetings during the early phase of the project

4.6 Financial

Activity for the FMU is covered by Payment by results tariff and will be scrutinised and monitored within the financial process of the CCG.

4.7 Constitutional and Legal

There are no constitutional or legal issues for consideration.

4.8 Equality and Diversity

There are no implications for equality and diversity.

4.9 Other Risks

No further risks have been identified at this stage.

5. Conclusions

Women in the Hambleton and Richmondshire localities with a low dependency pregnancy now have the choice of booking a midwifery led delivery at FMC. The FMC environment promotes and supports the normal process of childbirth and empowers and encourages women to take control during their labour and delivery. This is associated with greater satisfaction of the birth process and therefore positively influences the long term health and well-being of women and their families (Midwifery 2020. [online] 2012).

It would appear that intrapartum activity within the FMC midwifery led unit is steadily increasing in the last quarter. At present however, if the activity stays the same over the next 6 months, there would be 200 births per annum which is 100 short of the recommended 300 per year for the unit to be economically viable. However, as this is year one of the reconfiguration, it is hoped that following the official opening of the unit at the end of May, subsequent years will see an increase in activity as service user confidence builds, and the reputation of the service strengthens. The Trust is actively promoting the service so that a robust and sustainable model is achieved. The 100th birth has recently been celebrated. The implementation of revised eligibility criteria will mean more women are able to choose the service. It is also hoped that there will be an increased throughput through the community 'hub.' The awareness and profile of the service is being promoted with midwives in the Langbaugh and Middlesbrough communities so that eligible women are offered choice of provider. Delivery activity data for the local population should be monitored on a regular basis to understand the choices local women are making, and if it is not the local service, to understand why.

The transfer intrapartum transfer rate is very low at around 8% over the past 6 months. The Birth Place Study (2014) cited intrapartum transfers of 36% for primiparous women and 9% for multiparous women. The FMC rates are below

this. The risk has been further managed through the development of a Standing Operating Procedure for the ambulance service, and all transfers from the FMC now categorised as priority one.

The effect at James Cook University Hospital has been as expected with the main increase being high dependency births. Following initial problems in October 2014 immediately following the opening with a substantially increased workload resulting in 4 unit closures, there have been no further problems. The antenatal ward/EPAU and the induction suite are working well and the three new delivery rooms were opened in March 2015.

All of the FFT responses had a net promoter score of 100 with very good comments. The Trust is to increase patient experience monitoring to include the MDU/EPAU, which will add greater breadth to understanding women's experience of the services offered at FMC. Negative comments will be investigated and addressed where necessary.

Currently there is no formal feedback from staff on how the service changes have impacted on them, and their perceptions of the service changes on expectant women and their families. The Trust intends to address this by undertaking a staff experience audit at the FMC.

6. Recommendation

The Governing Body is asked to:

1. Note the positive service user feedback as a reasonable indicator of the quality of the service at FMC, and support the further roll out across the service and including staff feedback.
2. Note the FMC intrapartum activity over 6 months and to receive updates and forecasted activity on a regular basis to actively manage the risk to financial sustainability. In addition delivery activity for the CCG population should be monitored on a regular basis to understand activity flows to the maternity providers local women choose.
3. Note that South Tees Hospitals NHS Foundation Trust will continue with internal quarterly reports to the risk management group and externally to Hambleton Richmondshire and Whitby CCG

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PAPER 12 A – Appendix 1

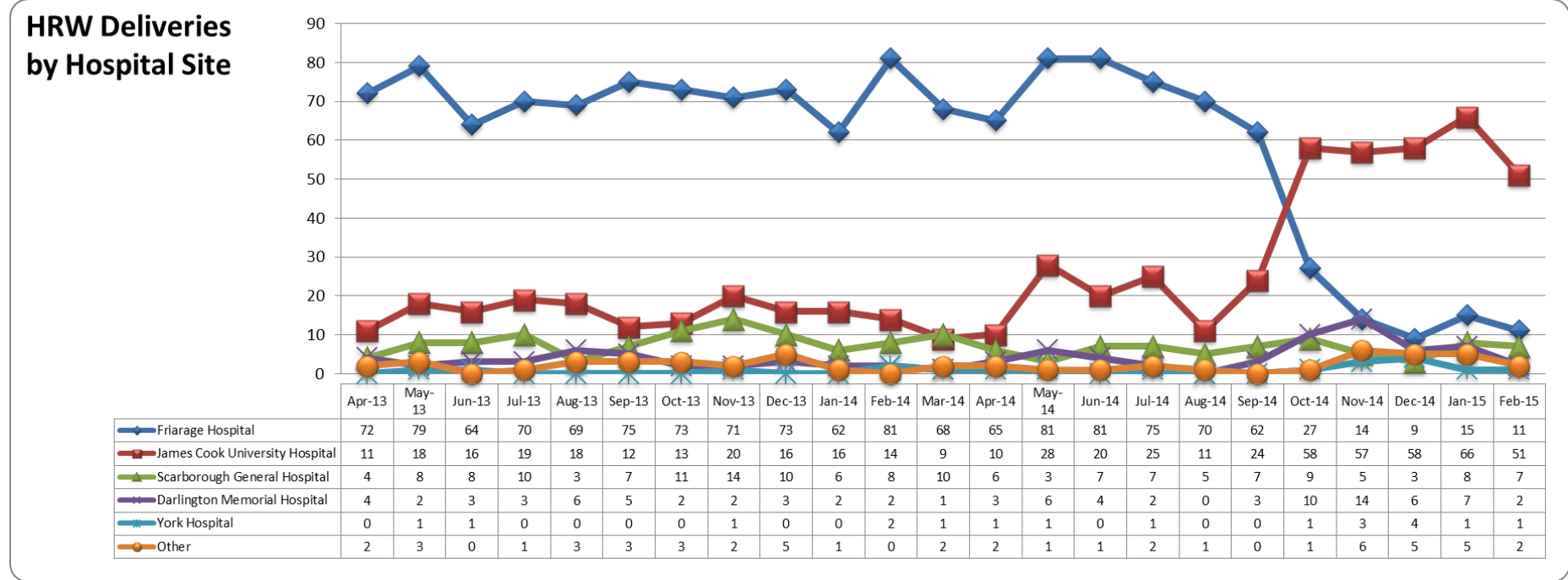
Date	Title	Headline	Story	Location
09/14	Northern Echo	Council reveals cost of fight to save maternity services at the Friarage Hospital	A COUNCIL has disclosed the amount spent on a hard-fought campaign to save maternity and children’s services at the Friarage Hospital. Richmondshire District Council presented its own proposal on how the serves could be made viable – and when it was rejected a legal team was consulted as a last-ditch attempt to retain consultant-led services at the Northallerton hospital. The council spent about £11,000 on its battle – including £8,500 for a lawyer with the rest on travel and accommodation expenses	Page 8 & Link
10/09/2014	Yorkshire Post	Hospital fight bill defended by district council	Richmondshire Council leader John Blackie has defended the £11,000 cost of the authority’s attempt to stop the downgrading of maternity services at the Friarage Hospital. The campaign led to a review by Health Secretary Jeremy Hunt but he eventually backed the Hambleton, Richmondshire and Whitby Clinical Commissioning Group’s decision. Coun Blackie said “ This is money very well spent- a small investment to try to save these key services for our residents.” He said the move would have put the safety of patients at risk.	page 7

26/09/14	Darlington & Stockton Times	Award shortlisting fury and criticism	HRW CCG has been shortlisted for the redesign of paediatric and maternity services at the Friarage and for improved partnerships between health and local government. In addition, clinical chief officer for the trust, Dr Vicky Pleydell has been shortlisted in the clinical leader of the year category for the HSJ awards. Councillor John Blackie, leader of Richmondshire District Council and leading opponent of the changes to the Friarage, said: "I think the award should be given to those small hospitals that have continued these services for the benefit of local communities."	Page 108
17/10/14	Darlington & Stockton Times	New unit takes first baby steps	The new midwife led unit at the Friarage Hospital in Northallerton was officially 'christened' with the arrival of two baby boys.	Page 9
26/10/14	The Telegraph	The list of 66 A&E and maternity units being hit by cuts	Research by The Telegraph shows that dozens of NHS maternity and Accident & Emergency units have been closed or downgraded since the last election, with even more under threat. Here, details of the changes which have taken place, and the changes facing decisions in the coming months: Friarage, Northallerton, North Yorkshire, consultant-led unit closed October 6, being replaced with midwife led unit	Link

01/10/14	BBC News	Northallerton Friarage Hospital changes made despite protests	Changes to children's and maternity services at a North Yorkshire hospital are coming into force. The Friarage Hospital, in Northallerton, will now no longer provide overnight children's care. And from Monday, only women deemed low risk will be able to give birth at the hospital. Those assessed as high risk must go to Middlesbrough or Darlington.	Link
05/01/15	BBC News	Friarage and James Cook hospitals shuttle bus to expand	<p>A free shuttle bus service connecting a hospital in North Yorkshire with one on Teesside, is to expand.</p> <p>Maternity services at Friarage Hospital were downgraded in October, so pregnant women or children with complicated medical conditions have to travel to Middlesbrough's James Cook Hospital.</p> <p>A mini-bus for patients and visitors, will be replaced by a 25-seater bus.</p> <p>During the pilot, which will run until 31 March, usage will be monitored to determine the future of the service.</p> <p>Hambleton, Richmondshire and Whitby Clinical Commissioning Group said it was investing £2,000 a month for the larger bus.</p>	Link

			<p>Dr Charles Parker, from the group, said: "We know from the consultation regarding children's and maternity services at the Friarage that transport links is a significant issue for local people.</p> <p>"We want to make sure that there is a large enough shuttle bus in operation to meet demand."</p>	
25/2/15	D&S Times	Arrival of first "hypno baby" for North Yorkshire woman helping mums with natural births	<p>A MOTHER and mental health worker who is helping women have natural births by teaching them hypnosis is celebrating after her first "hypno baby" was born.</p> <p>Nicky Logan, from Brompton, Northallerton began training in hypnobirthing after using it for the birth of the two youngest of her three children; now aged ten months and four years old.</p> <p>She said: "I can help people wanting a natural birth at the Friarage hospital because hypnobirthing gives you that confidence that your body can do it.</p> <p>"There's the James Cook hospital if you need it, but I want</p>	Link – Page 12 –

30/03/15	Minster FM	100th baby born at North Yorkshire maternity centre	Friarage Hospital's maternity centre in Northallerton has welcomed a very special delivery into the world – its 100th baby. Isla Grace Alderson was born at 8.55am on Saturday morning weighing a healthy seven pounds and half an ounce. She's the second child of proud parents Hayley and Paul whose son Isaac was also born at the Northallerton hospital in 2012.	Link
03/04/15	The Advertiser	100th baby marks rebirth of maternity unit	A maternity unit which last year lost its consultant led service in a controversial downgrading has marked a major centenary. The Friarage maternity unit in Northallerton, which was turned into a midwife led unit last October has marked the birth of its 100th baby	Link
5/4/15	Friarage and James Cook hospitals shuttle bus service extended	Friarage and James Cook hospitals shuttle bus service extended	A shuttle bus service connecting a hospital in North Yorkshire with one on Teesside is to run for another year following a rise in passenger demand. The pilot was set up in October after maternity services at Northallerton's Friarage Hospital were downgraded. Pregnant woman and children with complicated medical conditions now go to Middlesbrough's James Cook Hospital.	Link



	Apr - Feb		YoY change	
	2013/14	2014/15		
Friarage Hospital	789	510	-35%	▼
James Cook University Hospital	173	408	136%	▲
Scarborough General Hospital	89	67	-25%	▼
Darlington Memorial Hospital	34	57	68%	▲
York Hospital	5	13	160%	▲
Other	23	26	13%	▲
Total	1,113	1,081	-3%	▼

Source : SUS data February 2015 (Flex).

**Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Governing Body**

28 May 2015

Northallerton Locality – Additional Ambulance Resource Review

1. Introduction and Purpose

This paper summarises the quality, cost and performance (for the first six months of operation) of the additionally commissioned ambulance resource operating in the Northallerton area.

2. Background Information

Following the 2014 reconfiguration of Paediatric and Maternity Services at the Friarage Hospital an additional ambulance was commissioned (from Yorkshire Ambulance Service NHS Trust) to operate in the Northallerton area to ensure that any emergency maternity patient transfers to the James Cook Hospital in Middlesbrough could be carried out safely and without delay. The additional ambulance operates 24 hours per day, 7 days per week and is based in the Northallerton area.

The service commenced, as planned, on 01 October 2014 consistent with the service configuration changes at the Friarage Hospital.

3. Key Issues

Following two delayed responses in the initial weeks following reconfiguration (no adverse outcome for either mother or baby), the remit of the additionally commissioned ambulance was changed. Subsequently a further two delayed ambulance responses have been recorded between January 2015 and March 2015 (inclusive) and these are referenced in more detail earlier in the paper.

In order to minimise and mitigate against the chance of any further occurrences of a delayed ambulance response to the Friarage Hospital, the ambulance now operates within the Northallerton locality at all times and will only respond to Red (life threatening) calls and other high priority 999 calls in the local area.

This service development was introduced as a service quality improvement for patients and has been able to demonstrate a contribution to improvements in the following areas:

- Timely responses to emergency transfers for maternity patients between the Friarage Hospital and James Cook Hospital (on every occasion after the operational deployment changes for the ambulance were made).
- Contributing to the improved emergency response times to life threatening and other high priority 999 calls across the Hambleton, Richmondshire and Whitby area recorded during 2014/15.
- Contributing to the improved quality outcomes for Hambleton, Richmondshire & Whitby patients in the headline areas of:
 - Return of Spontaneous Circulation (ROSC) - 14% in 2013 rising to 24% in 2014 equating to 9 patients (January 2014 – November 2014 data).
 - Survival to Discharge (S2D) following cardiac arrest. 3% in 2013 rising to 14% in 2014 equating to 9 patients (January 2014 – November 2014 data).
 - Stemi Care Bundle delivery 85% in 2013 rising to 88% in 2014 (January 2014 – November 2014 data). This equates to 36 out of 41 patients in 2014.
 - Stroke Care Bundle delivery 97% in 2013 rising to 98% in 2014. (January 2014 – November 2014 data). This equates to 262 out of 268 patients.
- Provided reassurance for expectant mothers and staff working in the maternity unit at the Friarage hospital that an additional ambulance is nearby should this be required for an emergency transfer.

The planned number of emergency transfers required in respect of the maternity services reconfiguration was three per week and the actual number of transfers overall has been below that planning assumption at an average of one per week.

Following ongoing quality, performance and service reviews of the additional ambulance resource involving Yorkshire Ambulance Service, South Tees Hospitals NHS Foundation Trust and the CCG, the operational remit of this additional resource will be further changed from 01 July 2015. From 01 July 2015 we are planning for the ambulance and a member of Yorkshire Ambulance Service staff (Emergency Care Assistant) to be based “in hours” at the Friarage hospital at all times.

This will further reduce any risk of a delayed emergency transfer from the Friarage Hospital to James Cook Hospital and will increase the effectiveness

of the Urgent Care Practitioner (paramedic with extended clinical skills) working on the ambulance.

The Urgent Care Practitioner will be based and working in support of “urgent” demand and other appropriate clinical work at the Mowbray GP Practice in Northallerton (with a Rapid Response Vehicle available to that member of staff). The Urgent Care Practitioner will also be available to respond to life threatening and other high priority 999 calls in the Northallerton area as required.

During the “out of hours” period the ambulance will respond from Northallerton ambulance station (as per “normal” ambulance procedure). The future plan is to work with South Tees Hospitals NHS Foundation Trust and Yorkshire Ambulance Service on developing an operational model and proposal on how they can support and integrate with the Accident and Emergency/Out of Hours and Clinical Decisions Unit (CDU) departments on the Friarage site as part of a wider urgent and emergency care service.

From 01 July 2015 if an emergency transfer is required the Mowbray practice based Urgent Care Practitioner will be deployed immediately to the Friarage Hospital to join up with the ambulance for the transfer to the James Cook Hospital. If that Urgent Care Practitioner is engaged in responding to a life threatening emergency in the area then another locally based paramedic will be deployed immediately to the Friarage Hospital.

In the unlikely event that all local paramedics are engaged at that particular time responding to other emergency calls then YAS will deploy another clinician to complete the ambulance crew for immediate departure. The Friarage staff have the option to release one of their maternity staff (based on their clinical assessment of the mother’s condition and medical support required for the transfer) to support the patient during their conveyance to the James Cook Hospital.

4. Implications/Risks

This service has been operational since 01 October 2014 and to date, with the exception of four ambulance responses taking longer than planned (two in the early weeks of operation and then two between January 2015 and March 2015 of thirteen minutes and seventeen minutes respectively when all responses were required within 8 minutes), has operated without any additional operational issues being identified.

Both delayed ambulance responses in the early weeks of the service were investigated in depth with the support and collaboration of Yorkshire Ambulance Service and South Tees Hospitals staff. The results of both investigations and the lessons learned from them led to the operational changes in the deployment of the ambulance described earlier in the paper.

A revised model to be implemented from 01 July 2015 further reduces the risk of a delayed maternity transfer ambulance response to the James Cook Hospital.

There remains a small risk that two maternity transfers are required at the same time. Given this eventuality the nearest available ambulance will immediately be deployed to the Friarage Hospital to complete the second transfer.

5. Quality

In addition to delivering its primary duty of emergency maternity transfers the additional ambulance resource has contributed to an improvement in the quality outcomes for Hambleton, Richmondshire and Whitby patients reported during October 2014 and November 2014. Examples of improvements are:

- 8 (42%) patients (out of 19 where resuscitation was attempted) successfully achieved a return of spontaneous circulation (ROSC) during October 2014 and November 2014 compared to 19% (14 out of 74 where resuscitation was attempted) during the January 2014 to September 2014 period.
- During November 2014 3 Hambleton, Richmondshire and Whitby patients who, following a cardiac arrest and attendance by Yorkshire Ambulance Service survived to reach hospital, were then ultimately successfully discharged from hospital. This is the highest individual month during 2014.
- The overall response times (following a 999 call) to life threatening or other high priority emergency calls have improved significantly across Hambleton, Richmondshire and Whitby during 2014/15.
- For life threatening (Red calls) emergencies on 66.6% of occasions during 2014/15 a response was received during 8 minutes compared to the 2014/15 “stretch” target of 66.0% (2013/14 outturn was 64.3% in 8 minutes).
- Response times to Green 1 calls (20 minute response target in 95% of cases) also improved from October 2014 onwards across Hambleton, Richmondshire and Whitby recording 73.1% for the first half of the year (April 2014 – September 2014) and then an average of 83% per month for the second half of the year (October 2014 – March 2015).

Although the additional ambulance resource cannot be credited with direct responsibility for these quality and performance improvements, in collaboration with the other ambulance service supporting initiatives introduced by the CCG and Yorkshire Ambulance Service during 2014/15, it will undoubtedly have helped considerably.

6. Financial

The 2014/15 additionally commissioned ambulance (01 October 2014 – 31 March 2015) cost £220,000.

The 2015/16 service (01 April 2015 – 31 March 2016 cost is £500,000 with the full year effect (once all Urgent Care Practitioners are added to the rota) estimated at £600,000.

7. Constitutional and Legal

There are no constitutional or legal issues for consideration.

8. Equality and Diversity

There are no implications for equality and diversity.

9. Other Risks

No further risks have been identified at this stage.

10. Conclusion

The CCG has undertaken an ongoing review of the additional ambulance resource and based on the evidence contained within the review has extended the contract with Yorkshire Ambulance Service NHS Trust, (with the revisions described in the paper) until at least 31 March 2016 with a joint commissioning intention for the service to be recurrent.

The service model will continue to be monitored for quality, activity and performance and updates will be reported to the Governing Body.

11. Recommendation

The Governing Body is asked to:

1. Note the content of the report and the contribution towards improvements service quality and performance during 2014/15.
2. Note the revised service model planned from 01 July 2015 onwards.

Author: John Darley
Title: Delivery Manager

**Hambleton, Richmondshire and Whitby Clinical Commissioning Group
Governing Body**

28 May 2015

Friarage Hospital to James Cook Hospital Shuttle Bus Service Review

1. Introduction and Purpose

This paper summarises the quality and performance (for the first five months of operation) of the daily shuttle bus service operating between the Friarage Hospital in Northallerton and the James Cook Hospital in Middlesbrough.

2. Background Information

Following the 2014 reconfiguration of Paediatric and Maternity Services and further recognising the wider challenges faced by patients, their families, carers and staff in travelling between the two hospital sites (within the same acute Trust) a shuttle bus service contract was competitively tendered for to support convenient (and free of charge) travel between the two hospital sites.

Procters Coaches were awarded the initial shuttle bus service contract operating from October 2014 to March 2015, with a further one month extension subsequently agreed to include April 2015. The service commenced, as planned, in October 2014.

The twenty-five seat shuttle bus service operates on a two hourly cycle, non-stop, Monday to Friday (excluding bank holidays) and commences at 8am from the Friarage departing for the final journey of the day at 5pm from the James Cook Hospital.

3. Key Issues

This service development was introduced as a quality improvement for any person who had a requirement to travel between the Friarage and James Cook Hospital sites during the day.

The service has been able to demonstrate a significant improvement for passengers in the following areas:

- Improved and increased convenience for patients, families, carers and NHS staff travelling between the two hospital sites.
- More cost effective travelling for patients, families, carers and NHS staff.
- Assists in mitigating against the very congested car parking on the James Cook site.
- Reduced carbon footprint in the geographic area as car utilisation is reduced.

Following a quality, performance and service review of the initial contract a re-tendering exercise for the shuttle bus was completed and as a result the service has been extended for a further 11 months (01 May 2015 until 31 March 2016) with Procters Coaches successful in retaining the contract.

Between October 2014 and April 2015, over 3,000 passengers have travelled on the shuttle bus service, with an average of over 200 passengers per week now regularly using the service.

Passenger numbers are evenly distributed across the days of the week with the first and last journeys of the day being in greatest demand.

The average number of passengers travelling per day has increased from 17 to 38 within the review period and consequently the average cost per passenger journey has reduced from £21 to £8 over the same period.

The split between NHS staff and non-NHS passengers utilising the service is currently evenly distributed with the non-NHS cohort of passengers growing steadily as the communication, marketing and promotion of the service has increased.

4. Implications/Risks

This service has been operational since October 2014 and to date with the exception of some minor concerns over the relief drivers (when the regular driver is on holiday) and their adherence to the timetable, no formal complaints or concerns have been raised regarding the service. The issues regarding the relief drivers and potential service delays have been followed up directly with the service provider.

No further implications or risks are identified at this stage.

5. Quality

Appendix 1 to this report details the results of the qualitative review of the service which has been undertaken during March 2015 and April 2015.

6. Financial

The 2015/16 service has been contracted with Procter's coaches for £89,000.

The 2014/15 contract with Procters Coaches was valued at £37,000

7 Constitutional and Legal

The contract tendering and award process for the 2014/15 and 2015/16 contracts have been completed in line with all the requirements for NHS statutory bodies.

8 Equality and Diversity

There are no implications for equality and diversity as this is an equal access service.

9 Other Risks

No further risks have been identified at this stage.

10. Conclusion

The CCG has undertaken a review of the shuttle bus service and based on the evidence contained within the review has extended the contract, in its current form and operational timetable, for a further eleven months until 31 March 2016.

The service will continue to be monitored for quality, activity, performance and passenger experience and the outcomes will be reported to the Governing Body again towards the end of the contract extension period.

11. Recommendation

The Governing Body is asked to:

1. Note the content of the report and the qualitative assessment of the service in Appendix 1.

Author: John Darley

Title: Delivery Manager

Appendix 1

**Friarage Hospital to James Cook Hospital
Shuttle Bus Service Review**

Purpose

To review feedback received from passengers using the cross-site bus service (operated by Procters Coaches of Leeming Bar), which runs between the Friarage Hospital, Northallerton (FHN) and James Cook University Hospital (JCUH) in Middlesbrough.

Background

A number of trips were undertaken by an officer from the CCG to coincide with the re-commissioning of the shuttle bus with Procters Coaches (to 31 March 2016). The trips covered each weekday and a sample of various times. The full list of trips with numbers of passengers on each trip is as follows:

Date	Time from FHN	Passengers	Time from JCUH	Passengers
Fri 17 March	08:00	8	09:00	0
Mon 23 March	10:00	3	11:00	1
Thu 26 March	14:00	2	15:00	0
Mon 30 March	12:00	4	13:00	3
Wed 01 April	14:00	7	15:00	4
Fri 10 April	08:00	9	09:00	2
Tue 14 April	08:00	11	09:00	0
Fri 17 April	10:00	2	11:00	2

Passengers were invited to complete a questionnaire which asked them to rate various aspects of the service, as well as offering the opportunity to provide any other relevant feedback. The CCG officer was also able to speak individually and collectively with a number of passengers, to answer questions and in some cases, gather “soft” intelligence about the service.

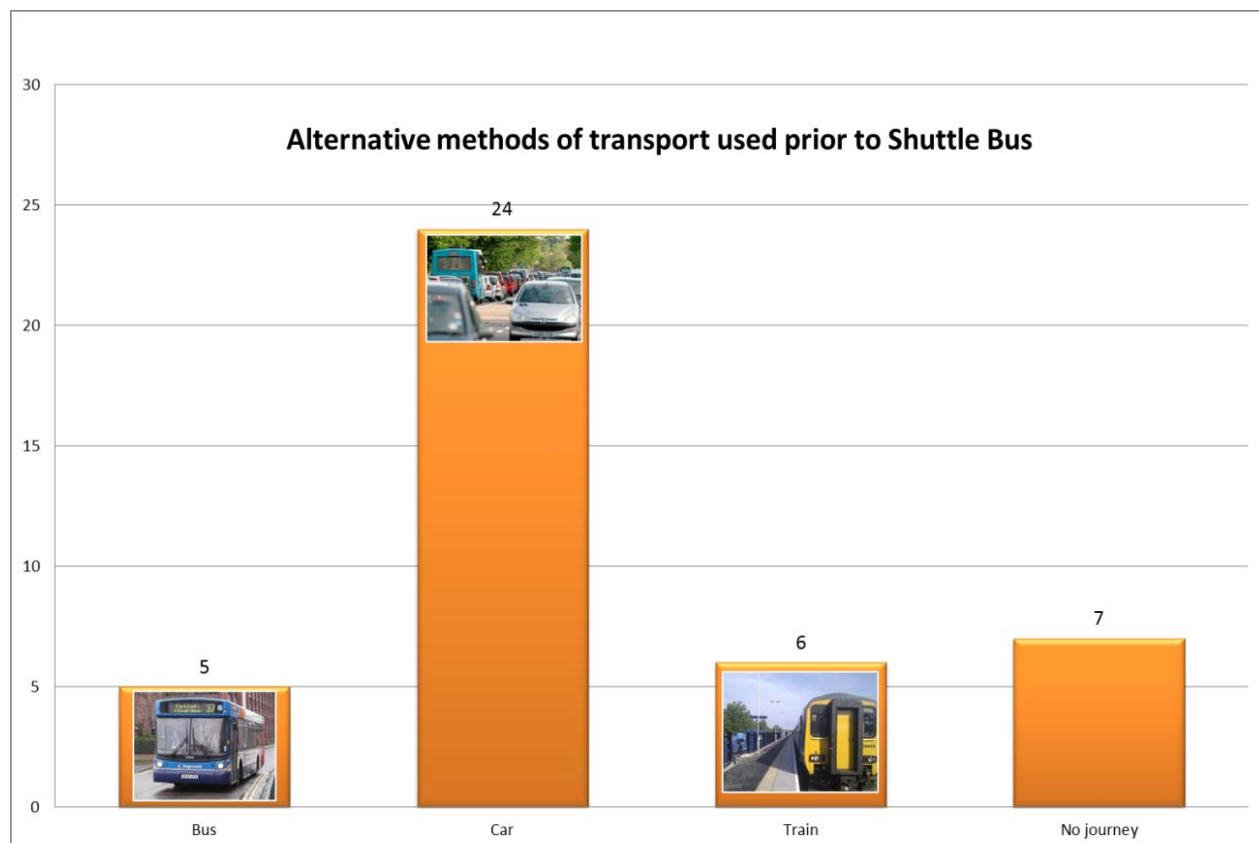
The generic questions related to:

- Previous method(s) of transport between hospitals?
- Rating of the timetable/the size and cleanliness of the bus/the attitude of the driver?
- How the passenger found out about the service?
- Regularity of use?
- Convenience of pick-up/drop off points?
- Purpose of journey?
- Any other comments?

Data

Feedback was obtained from 42 separate passengers (the total of 58 passengers on the previous page includes a number of children and some staff whom the CCG officer met on more than one trip).

Results



The majority of passengers would have travelled to JCUH by car without the availability of the service.

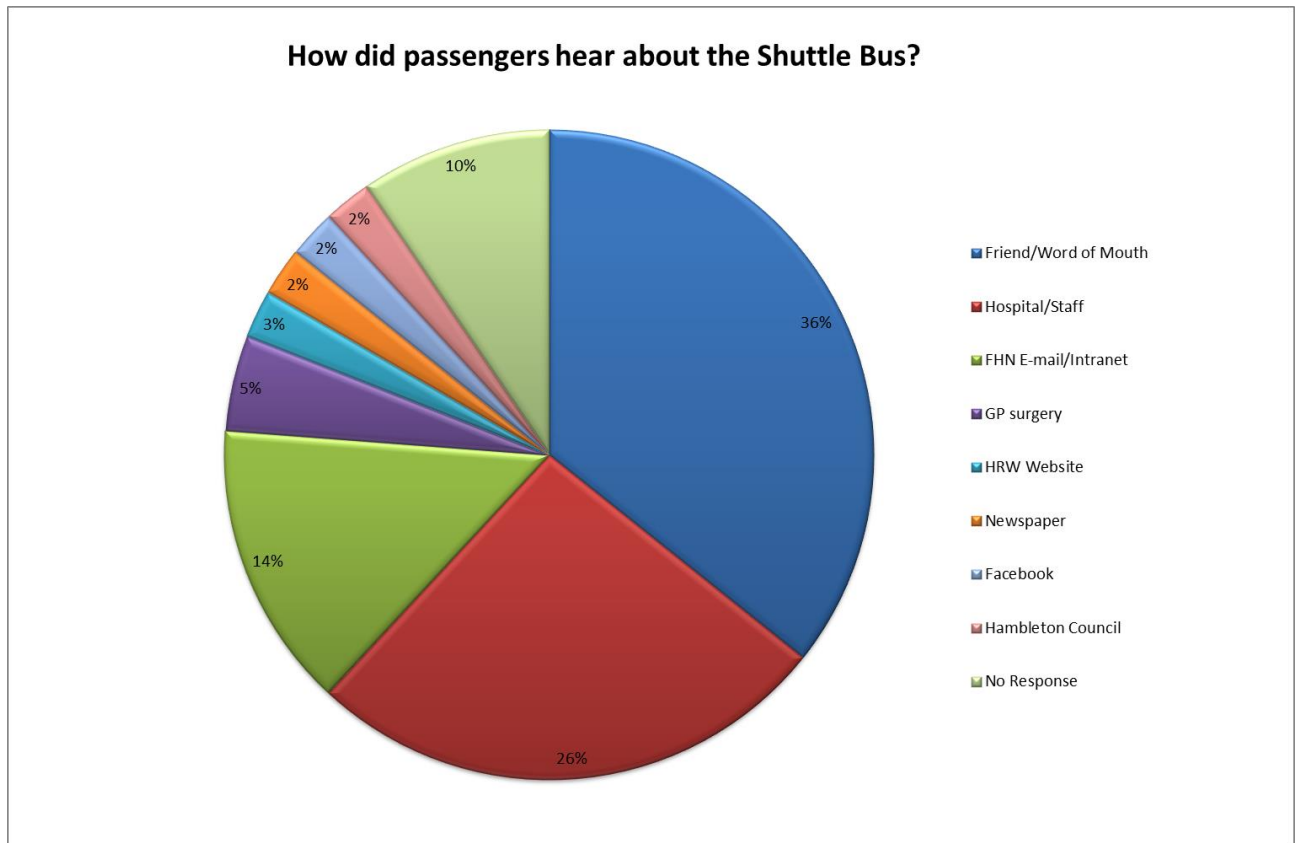
Relevant comments included:

- “It would be good to keep this service for people that don’t drive.”
- “Excellent service. Don’t know what I’d do without it.”
- “Best thing that’s happened. Saves the stress of finding a parking space.”
- “I would be happy to pay for this service. It is vital.”
- “I have to pay £13 each way on a Saturday and Sunday to visit my husband.”

Some positive soft intelligence has also been received regarding the “regular” driver:

- “He took chocolates to one of the wards on behalf of a discharged patient”.

- “He remained with members of a family that had become separated, providing reassurance and company, whilst also informing security”.



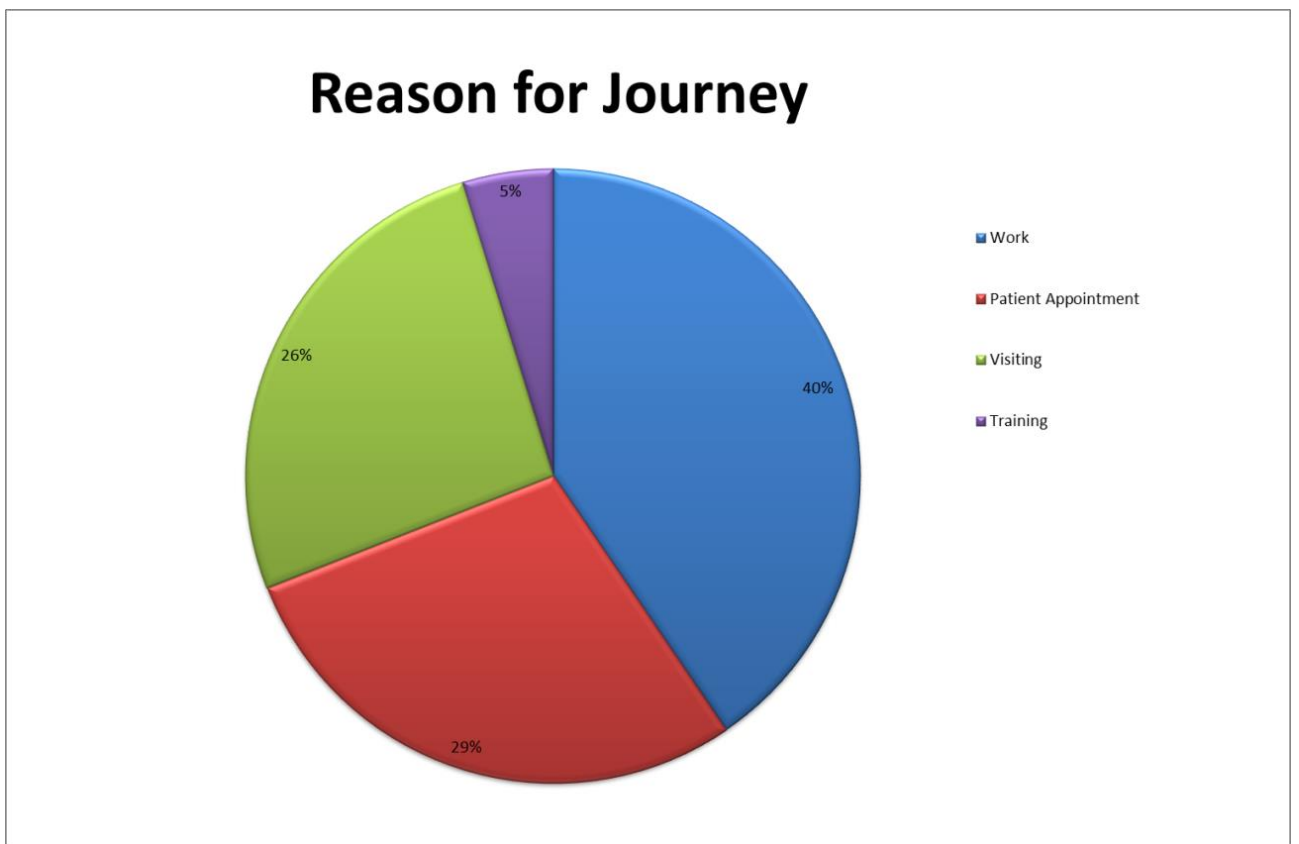
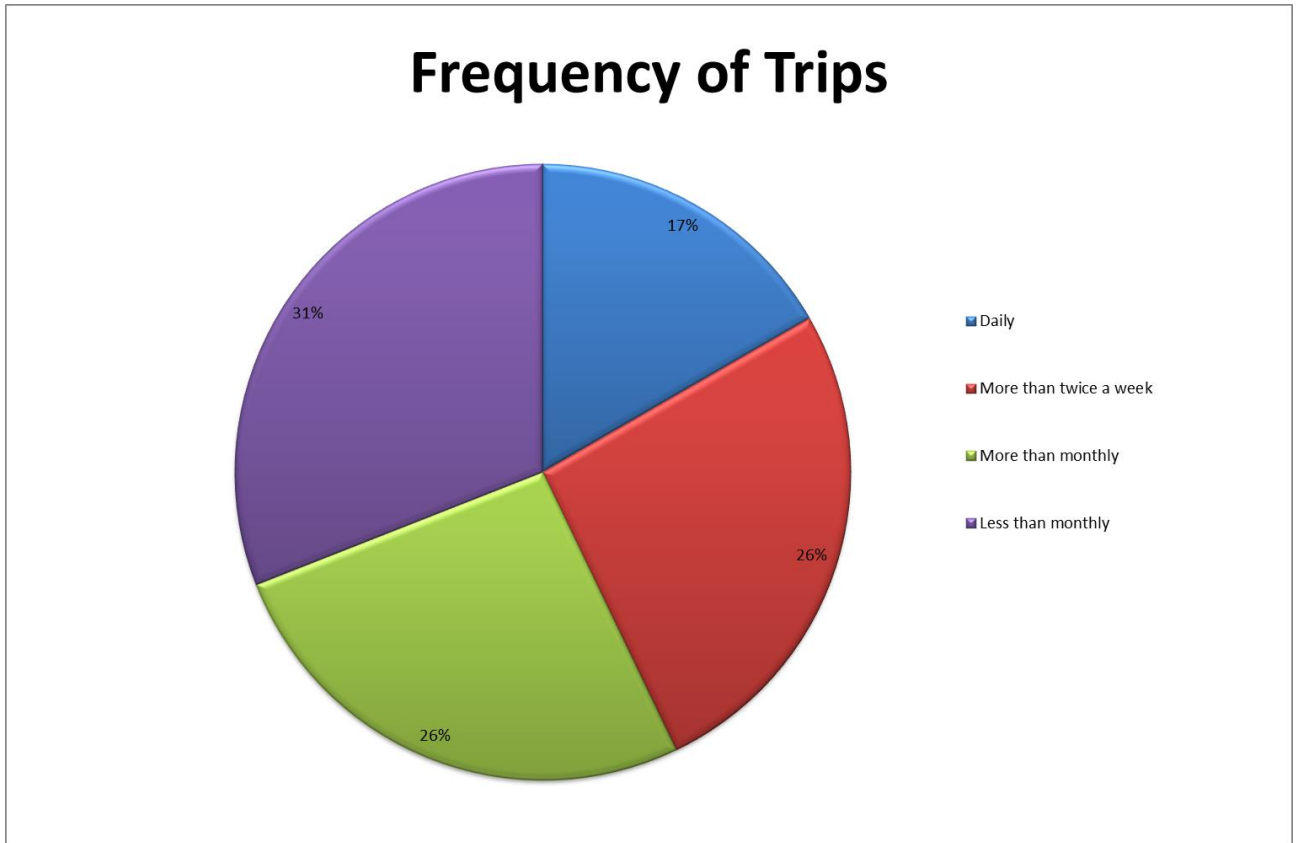
Whilst 62% of all passengers found out about the shuttle bus through a friend or hospital colleague, it is encouraging that a growing number of other communication methods have been noted, including via the HRW CCG website, newspaper, and social media.

Further thought is being given as to how the service can be promoted, although the responses clearly offer some obvious hints. Other suggestions from passengers included marketing the service in churches, Women’s Institutes and supermarkets.

On one of the trips the CCG officer spoke with a lady who suggested that a number of people based at RAF Leeming may have missed appointments at JCUH because of travel constraints. The CCG officer subsequently made contact with a civilian Personal Family Support Worker on the base, who confirmed the service would be of benefit, and a supply of the new leaflets will be provided. The CCG would be unlikely to receive such “soft” intelligence without the face to face contact, and a second round of trips is being planned for later in the year.

The frequency of trips (chart on page 4) shows that the most regular trips are made by less than half the passengers. As NHS staff are likely to be the most frequent users, the inference is that a good percentage of non-NHS staff are using the bus, but on a more intermittent basis (i.e. a larger number of less regular passengers). This assumption is supported by the chart detailing reasons for the journey, with 53% of passengers travelling for appointments or

to visit relatives. These sample figures are comparable with the overall NHS/non-NHS split which currently stands at 51% / 49% respectively.



11 of the 42 passengers left additional comments, almost all relating to departure times.

- Four people suggested that the last bus should leave from JCUH at 17:10-17:15 instead of 17:00
- Three people requested a bus from FHN before 08:00
- Two people mentioned more frequent trips
- One person advised that the service does not run in line with visiting hours
- One commented that the timetable was not clear in the leaflet