

Minutes of the meeting of the HEALTH AND COMMUNITY WELLBEING SELECT COMMITTEE held on TUESDAY 2 FEBRUARY 2010 at 7.30 pm.

Present: Councillor Irons (Chair)
Councillors Campbell, Gerrella, Drewett, I Henderson, Wharton, and Wright

Co-opted Members: Mr J Needham

Officers: D Hill (Chief Executive), J Moffoot (Assistant Director, Democratic Services), D Moore (Assistant Director Housing), J Reed (Head of Performance Improvement), C Barton (Senior Media Relations Officer) and M Bailey (Overview and Scrutiny Officer)

Also Present: Councillors Crooks, A Geary, Hopkins and C Morris, J Rodney (Chief Executive [MKHFT]), W Greaves (Chairman [MKHFT]), E Hunter (Head of Midwifery [MKHFT]), M Pandit (Clinical Director and Consultant Obstetrician [MKHFT]), Dr S Lanzon-Miller (Chief Operating Officer [MKHFT]), L Beaumont (General Manager, Women's and Children's Services [MKHFT]), J Smith (Associate Non-Executive Director [MKHFT]), Dr N Hicks (Chief Executive/Director of Public Health [NHS MK/MKC]), Dr D Gray (Director of Strategy and Planning/Deputy Director of Public Health [NHS MK/MKC]), M Brighton (Chairman [NHS MK]), G Prager (Director of Clinical Standards and Public Engagement [NHS MK]), Dr T Kenny (Medical Director [NHS MK]), C Knibb (Head of Communications and Public Engagement [NHS MK]), R Boyce (Regional Director [CQC]), S Sheath (Area Manager [CQC]), S Ure-Martin (Regional Communications Manager [CQC]) Suzanne Rankin (Deputy Chief Nurse [South Central Strategic Health Authority])

Members of the public: 71

Apologies: Councillors Barry, Box and Klein

HCW09 MINUTES

That the minutes of the Health and Community Wellbeing Select Committee meeting held on 25 November 2009 be approved and signed by the Chair as a correct record, subject to the correction that Councillor Gerrella be added to the list of Members present at the meeting.

MATERNITY SERVICES

The Committee received a presentation from Jill Rodney, Chief Executive at Milton Keynes Foundation Trust Hospital on maternity services at the Hospital.

The presentation was in response to the Care Quality Commission's follow-up intervention report on maternity services at the Hospital which was published on 19 January 2010.

The Committee noted the following points:

- It was difficult to recruit more midwives on a permanent basis to vacant posts and there continued to be a national shortage of midwives
- There was sufficient funding available to recruit more midwives
- More beds on the Maternity Unit could be opened once vacant posts were filled
- Milton Keynes had an extremely high birth rate and a rapidly growing population
- Just under 4,000 babies were delivered at the Hospital in 2009
- The Hospital was actively seeking to recruit more midwives through various schemes and a monthly recruitment campaign
- Efforts were being made to retain, as well as recruit midwives, and the number of midwives leaving the Hospital had fallen
- An early warning system had been put in place to meet increased demand
- The Hospital was working with its commissioners to identify additional capacity for mothers delivering in Milton Keynes
- A detailed action plan had been drawn up setting out the measures that would be taken to meet the recommendations in the Care Quality Commission's report
- Progress had been made against some of the recommendations. These included:
 - A stronger leadership team in place on the Unit
 - A dedicated obstetric theatre available 24 hours, seven days a week

- More time available for doctors, midwives and maternity care assistants to participate in professional training
- Consultant obstetricians able to spend more time on labour wards
- Data from the Centre for Maternal and Child Enquiries (CMACE) showed that stillbirth mortality rates and neonatal mortality rates for Milton Keynes Hospital were within the national mean
- The Care Quality Commission had acknowledged that the services at the Hospital were safe.

At the conclusion of the presentation, representatives from NHS MK were invited to make comments and the following points were noted:

- It was the responsibility of NHS MK, as commissioners, to use money allocated from central government to buy services to improve health outcomes, reduce health inequalities and to provide the highest possible standards of care
- Since 2007, there had been staffing issues in the Maternity Unit at the Hospital. The satisfaction of patients was low, with many mothers commenting that they had been left alone for long periods on the Unit. There were also high rates of caesarean sections and intervention deliveries
- Maternity services were under pressure but funding was not an issue
- The underlying problem was the national shortage of midwives
- Expectant mothers were being advised to deliver in neighbouring hospitals to relieve the pressures on the Unit.

Representatives from the Care Quality Commission were also invited to make comments. The following points were noted:

- Capacity was not just an issue of the numbers of midwives but it was also about the empowerment of staff and overall leadership on the Unit
- While the introduction of a dedicated 24 hour obstetric theatre and anaesthetist were welcomed, there was concern that the Maternity Unit was not developing sufficiently enough

In response to questions from Members of the Committee, the following points were noted:

- A number of different incentives were being used to encourage women to become midwives or to return to midwifery and that money was not the only driver in this process

- “Soft” approaches were important in empowering midwives and improving staff morale
- The South East of England was feeling the national shortage of midwives more acutely than the rest of the United Kingdom
- It was important that the government recognised that Milton Keynes had a rapidly growing population and that strong contingency measures were needed to alleviate pressures on demand.
- The fact that there have been two interventions in the last two years should not be ignored
- All midwives leaving the hospital were given exit interviews
- The Hospital was actively working towards one to one care in the Maternity Unit
- It was important that a positive image of maternity services in Milton Keynes was presented to help drive improvements
- There needs to be better public engagement to reassure expectant mothers
- The Local Involvement Networks should be approached to help the Hospital engage with midwives and expectant mothers to improve services

Members of the public addressed the Committee and made the following points:

- Assurances had not been kept on the recruitment of new midwives
- There was not sufficient cover from consultant obstetricians during weekends
- The Hospital should actively engage with mothers who have lost babies at the Maternity Unit
- One to one care on the Maternity Unit was still not being achieved
- A newspaper poll stated that 70 per cent of people were unhappy with the maternity services at the Hospital
- The Chief Executive and Chairman should shadow staff on the Maternity Unit and look to learn from best practice across the country
- The national benchmarking data provided did not take account of serious incidents and only recorded mortality rates
- All serious incidents were reported to the Hospital’s Board, which was now held in public
- The Special Care Baby Unit at the Hospital was commended

- The Care Quality Commission stated that the Hospital had not met aspects of the action plan despite assurances from the Hospital
- Temporary measures needed to be replaced by more long term plans urgently

In response, representatives of the Hospital commented as follows:

- Consultant obstetricians were available 40 hours a week on the labour ward and there were plans to increase this to 60 hours with the recruitment of more consultant obstetricians
- There would never be only agency staff working on the Maternity Unit
- Agency staff were well inducted on working on the Maternity Unit
- There were no figures on the periods when women had not received one to one care
- The aim was that there were always seven midwives working on the Maternity Unit at any one time
- Women with vulnerable or complex needs were provided with dedicated support
- All serious incidents were reported to the Hospital's Board, which was now held in public
- NHS MK was looking to neighbouring hospitals to relieve the pressure on the Hospital
- The Hospital was competing with London hospitals in recruiting midwives
- Isolated incidents should not unfairly affect people's judgement on maternity services at the Hospital
- The Hospital had attempted to shut its Maternity Unit on one occasion in the last three months but could not because neighbouring hospitals were also experiencing increased demand

Members of the Committee were invited to make final comments, which included the following:

- Capacity was not just about increasing the number of midwives on the Unit. It was also about improving leadership
- The Care Quality Commission's report concluded that five of its 12 recommendations still needed significant improvement, despite the fact that NHS MK had stated in its review of evidence in August 2009 that the evidence provided by the Hospital, against its action plan, was acceptable

- There was a concern that the action plan was not robust enough or outcome-based
- The Committee should request to see the refreshed action plan to be assured that it was suitably robust and could be delivered within acceptable timescales
- The Hospital needed to work with its commissioners to develop long-term capacity plans for maternity services
- The number of people in attendance at the meeting showed that maternity services at the Hospital was a significant matter of public interest

RESOLVED –

1. That the Committee recommends to the Overview & Scrutiny Management Committee that a sub-group be set-up to monitor, in cooperation with Milton Keynes Foundation Trust Hospital, the implementation of its action plan for maternity services and to benchmark and measure progress against best practice in hospitals across the United Kingdom.
2. That the sub-group be set-up on a 1:1:1 basis comprising members of each political party, and Mr J Needham (Chairman [Local Involvement Networks Executive Committee]) and a representative from the Patient Advice and Liaison Service, with the power to co-opt other representatives and to invite witnesses as necessary.
3. That the sub-group report back to the Committee on a regular basis, and present a report to full Council.
4. That the Hospital Trust be requested to consider the longer term planning for sufficient maternity services to cope with the growth of Milton Keynes.
5. That the Hospital Trust continues to recognise the importance of the leadership of the Maternity Unit in terms of its culture and support arrangements.

THE CHAIR CLOSED THE MEETING AT 10.12 PM