

HAMPSHIRE COUNTY COUNCIL

Report

Committee:	Health Overview and Scrutiny Committee
Date of meeting:	26 January 2010
Report Title:	Inquiries Received and Action Taken
Report From:	Chief Executive

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1. Summary and Purpose

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through which Local Involvement Networks (LINks) and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in [Table One](#) of this report.
- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/inquiry	Source	Action Taken	Comment
Temporary Closure In patient services at Andover Birth Centre	Winchester and Eastleigh Healthcare NHS Trust	<p>This item was included under urgent action at the last meeting. Following a presentation from the Trust, and the discussion at the last meeting the Chairman wrote to the Trust (see Appendix One). The response of the Trust is attached at Appendix Two and a statement for the HOSC is included at Appendix Three.</p> <p>Antenatal and post natal services are not affected by this change</p>	WEHT will attend the HOSC meeting on 30 March to confirm that these facilities are reopening as agreed.
<p>Recommendation: WEHT provides any additional information requested by members at the meeting on 30 March</p>			
Hampshire County Council: Learning Disability Strategy	Executive Member for Adult Services	The County Strategy for Learning Disability is attached at Appendix Four	
<p>Recommendation: Members note the contribution of the NHS to this work</p>			

Section 100 D – Local Government Act 1972 – background papers

The following documents disclose facts or matters on which this report, or an important part of it, is based and has been relied upon to a material extent in the preparation of this report.

NB the list excludes:

1. Published works
2. Documents that disclose exempt or confidential information as defined in the Act.

Appendix One: HOSC letter to WEHT re: temporary urgent closure of Andover Birth Centre

Temporary Closure of Andover Birth Centre

Thank you for arranging for Caroline Smith to attend our meeting yesterday to advise the HOSC of the possible closure of the Andover Birth Centre for 4 months because of the pressures caused by staff sickness and maternity leave.

I am certain that Caroline will have already alerted you to the serious concerns that members had about this action. Not only are there significant implications for those women already booked into the Andover Birth Centre but there are real fears that this will be used as a precursor to closing this important local facility permanently. We have already seen this happening in other areas of the NHS and are acutely aware of the time that it takes to build women's confidence in the availability of services such as this.

It was helpful to hear that the Trust has been able to employ additional newly qualified midwives with effect from April and that should the closure proceed every effort would be made to ensure women received continuity in the care provided to them by 'their' midwives.

We are aware of the need to ensure that services are provided safely and the disruption that can be caused by closing a service such as this at short notice because of staff sickness. If the Trust is of the view that this is the only option open the HOSC will reluctantly accept the need for this temporary closure, however we will expect specific written assurance from yourself and the Trust Board that this service will reopen 'newer and better' on the 1 April 2010. It is also essential that there are clear communications with staff and local people about the reasons for this action and the date when the Birth Centre will reopen.

If there is a decision to proceed with the closure the HOSC stressed the need for women who were booked into the Birth Centre to be given the maximum flexibility in the alternatives open to them including the facility at Basingstoke and the new Birth Centre at Ashurst.

I would be grateful if you could arrange for someone to attend our meeting on 30 March 2010 to provide members with and up-date on improvements made to the service and confirm the reopening of the Birth Centre of the 1 April 2010.

Anna McNair Scott

Chairman, Health Overview and Scrutiny Committee
Cc HOSC members

Appendix Two: WEHT Response to HOSC

Winchester and Eastleigh 

Healthcare NHS Trust

Ref: CG/jm/M8

8 December 2009

Councillor McNair Smith
Chairman
Health Overview & Scrutiny Committee
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Dear Councillor McNair Scott

Thank you for your letter to Martin Wakeley dated 25 November. Thank you also for allowing Caroline Smith to give a brief presentation of the current situation.

I do understand that the item about Andover Birth Centre followed discussions about other NHS facilities that have closed 'temporarily', never to reopen. I would like to make a couple of points on this subject.

Firstly, the birth centre has not closed. It remains open and a hub of activity for antenatal services and postnatal support, i.e help with breastfeeding, baby checks, etc. It is the inpatient services only (birthing and postnatal stays) that are affected. The word 'closure' gives the wrong message and will concern women who plan to use the centre's other services.

Secondly, instead of focusing on other NHS facilities that have closed, I would invite you to consider what we have achieved in Andover in recent years. General anaesthetic procedures have returned to the hospital; we have introduced 'one stop' hysteroscopies and sigmoidoscopies which mean fewer hospital visits and no need to travel to Winchester plus the Minor Injuries Unit, phlebotomy facilities and birth centre have all been refurbished.

As an example of a service we suspended on grounds of safety, the endoscopy suite was closed in 2008 because the equipment was not up to standard and needed replacement. We could have opted to transfer to the service permanently to Winchester but chose to invest (around £400,000) in the Andover site for the benefit of local people and as part of our goal to maintain and develop services at AWMH. The endoscopy suite is very impressive and is busier than before. We very much hope that the birth centre will follow suit.

The newly qualified midwives you mention were employed by the Trust earlier in the year when it became apparent that a higher than normal number of staff were going to take maternity leave. At the HOSC meeting the Trust was criticised for poor planning. It is worth noting that the seven new midwives were recruited as part of our planned contingency measures. In April they will have finished their period of preceptorship and will be able to work in Andover, initially with supervision from the experienced midwifery team there.

You have asked, justifiably, how the birth centre will be newer and better. Staff and managers are working on a new model of service which will give far greater flexibility and

also increase the rotation and skill levels among staff. This is a complex project and I am happy to send you more information on its implementation as we move forward. I have enclosed the briefing statement (and Q and As) that were issued on Tuesday December 1 which have more information on the planned new model.

Please be assured that our staff will work with all of those women who had planned to have their babies at ABC to ensure that their deliveries occur in an appropriate setting for them. We will provide information on and make arrangements for all of the alternatives to ABC.

Finally, we would be pleased to return to the HOSC and update you with our progress on March 30.

Yours sincerely

A handwritten signature in blue ink, appearing to be 'Chris Gordon', written over a faint, illegible stamp or watermark.

Chris Gordon
A/Chief Executive Officer

Appendix Three: NHS HAMPSHIRE- POSITION STATEMENT ON THE TEMPORARY CLOSURE OF THE ANDOVER BIRTHING CENTRE

In November 2009, Winchester and Eastleigh Healthcare NHS Trust [WEHCT] determined it necessary to temporarily suspend inpatient services (birthing and postnatal stays) at Andover Birth Centre, due to staffing issues. Whilst both the Trust and NHS Hampshire [NHSH] were disappointed with this situation, NHS Hampshire is assured of both the reasons behind the temporary suspension of services and the action being taken to ensure the re-opening of the service.

The Trust has sought to be clear and communicate the cause of the service disruption and the plans in place to ensure the re-opening with local mothers, staff and stakeholders, and this is not revisited in this position statement.

It was hoped by WEHCT that the service could re-commence within eight weeks of its closure (around the end of January 2010), with an absolute commitment that the service would recommence no later than 1 April 2010. In discussions with WEHCT, it is clear that it is the latter date that is now the most likely. The staff sickness and maternity leave that resulted in the need to suspend the inpatient service has been exacerbated by further staff absence in January 2010. Moreover, the poor weather of recent weeks has disrupted the planned recruitment programme for the Trust.

This means that, unfortunately, the birthing centre is unlikely to reopen before 1st April 2010. From a positive perspective, this will allow the Trust to be confident and clear about the re-commencement of services. It also allows time for discussion and subsequent training about new ways of working within the Centre from then on to ensure its sustainability.