Board Paper 10.12.15

Item 15/303

To improve health and provide excellent care

Title:	Temporary changes to women's and maternity services: Outcome report

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Responsible Director:	Mr Simon Dean, Interim Chief Executive Officer

Summary of Key Issues:	Concerns relating to obstetrics and gynaecology services were raised by clinical leaders in September 2014. Against the background of these concerns the Board considered the case for temporary change to obstetrics and gynaecology, and associated changes to neonatal services and breast services. A formal consultation commenced on 24 August 2015 and closed on 5 October 2015. Since that time the feedback from the consultation and other evidence gathered have been considered fully, alongside analysis of the impact of the proposals. The purpose of the paper attached is to present to the Board the outcomes of the consultation and seek a decision on the way forward. The recommendations of the report are as set out below. The Board is asked to: 1. Note the consultation process that has been undertaken on the proposals for temporary changes to women's and maternity services

	2. Consider the feedback received through the consultation process 3. Consider the additional assessment undertaken in relation to Quality Impact, Health Impact and Equality Impact and ensure due regard has been given to the equality and human rights considerations 4. Consider the assessment that the balance of clinical risks relating to the obstetrics and gynaecology service no longer requires an immediate change to the configuration of obstetrics and gynaecology 5. Approve the recommendation that Option 1 of the four options consulted upon is taken forward and that there will be no temporary change to the current service configuration. 6. Note the need to continue to undertake robust risk management of the services and direct the service to put this in place 7. Approve the outsourcing of some elective gynaecology activity in order to meet expected waiting time standards. 8. Note the opportunity for further work to advance equality of opportunity and promote good relationships with communities following work on the Equality Impact Assessment 9. Note the requirement for further work to develop a longer term strategy for the future service model

Action Required By Board:	**To:** *(Please tick all that apply. This section should match the recommendations made in the paper)*	
	Note	
	Endorse	
	Ratify	
	Approve	✓
	(Please provide a short summary against all that apply)	
	Corporate Objective	The proposals seek to support Strategic Goal 3: Improve the safety and outcomes of care to match the NHS's best

Key Impacts:	**Finance**	Financial impact of the four potential options has been reviewed and a summary analysis is included within the report.
	Quality Impact Assessment	A Quality Impact Assessment has been undertaken. A summary of issues is included within the report and the full QIA is attached as Annex D.
	Health and Care Standards	The aim of the proposals being considered under the consultation is to ensure safe care and effective care. The proposals aim to ensure the achievement of standards 2.1 – managing risk and promoting health and safety; and standard 3.1 – safe and clinically effective care
	Equalities, Diversity & Human Rights	A full Equality Impact Assessment has been undertaken and signed off by the Equality & Human Rights Scrutiny Task and Finish Group and is attached as Annex C
	Risk & Assurance	The risks relating to the Obstetrics and Gynaecology service have been identified and included in the Corporate Risk Register since 2014. The operational management team has established a process to assess the risks on a daily and weekly basis to ensure risks are reduced and managed. Escalation procedures have been implemented as required. Any future risks have been assessed and are referenced within the paper.

Disclosure:Betsi Cadwaladr University Health Board is the operational name of Betsi Cadwaladr University Local Health Board

PROPOSALS FOR TEMPORARY CHANGES TO WOMEN'S AND MATERNITY SERVICES

EXECUTIVE SUMMARY

BACKGROUND

Concerns relating to medical staffing levels and consequent difficulties in maintaining patient safety and clinical standards in Obstetrics and Gynaecology services were first raised by clinical staff in September 2014.

Against the background of these concerns the Board considered the case for urgent temporary changes to Obstetrics and Gynaecology Services. Specific concerns related to:

- Reliance on a high level of agency and locum medical staff
- Fragile medical staffing rotas
- Lack of suitably trained and qualified doctors, leading to an inability to recruit sufficiently numbers required to provide a safe service
- Services being at risk of collapse or closure at short notice

Subsequent concerns arose in relation to high numbers of vacancies in the Midwifery service and concerns relating to training and also the supervision of medical locum staff.

An interim reconfiguration was proposed on the basis that the clinical imperative was such that urgent temporary change was needed to stabilise the service. At its meeting on 10 February 2015, the Board approved the following temporary change:

- An interim reconfiguration of maternity services to provide consultant-led obstetric services with Alongside Midwifery Units (AMUs) at Ysbyty Gwynedd and Wrexham (with 24/7 consultant cover on both sites)
- A Free-Standing Midwifery Unit (FMU) to be established at Ysbyty Glan Clwyd
- Inpatient gynaecology to be provided from Ysbyty Gwynedd and Wrexham
- Neonatology services to be aligned to maternity services

This decision was subsequently challenged through Judicial Review proceedings. In July 2015, the Courts issued a Consent Order which set out the terms of agreement reached between the Applicants and the Health Board which placed a duty on the Health Board to:

"…. carry out a process of consultation as to whether there is a need to close the service. Such consultation shall be undertaken in accordance with the Defendant's statutory obligations, and having due regard to the guidance and procedure set out in

paragraph 2 of the Schedule to this Order[1]*. In taking any decision as to the Service in the light of such consultation, the Defendant shall discharge its public sector equality duty."*

In view of the risks to mothers and babies, increased surveillance of the services was implemented with shift by shift risk assessments undertaken to ensure that the service remained safe. A number of temporary measures were put in place including the short term suspension of mandatory training for midwives and the use of community midwives to support acute services. This position was not considered to be sustainable. Concerns were expressed by the Royal College of Midwives specifically in relation to training.

As a result, a sustainable short term solution needed to be identified which addressed the key risks within the service at that time.

CONSULTATION

Recognising that maintaining the service in its current configuration bolstered by a number of short term actions presented a high risk, the Health Board approved a process of public consultation at an extraordinary Board Meeting held on 18 August 2015. The consultation was intended to highlight the clinical risks, set out the case for temporary change, present a series of options for consideration - including a preferred option for Consultant-led Obstetrics and Gynaecology services to be moved from Ysbyty Glan Clwyd - and to seek public and stakeholder views. The consultation was to be undertaken between 24 August and 5 October 2015.

The period and programme of consultation was agreed with the Judicial Review Applicants and the Community Health Council. A meeting was held on 6 July 2015 to agree the consultation outline and consider the initial draft documents. Close liaison has been maintained with the CHC throughout the consultation process.

To support the consultation and ensure compliance with the relevant guidance and current case law, the Health Board engaged the Consultation Institute (CI) to provide quality assurance for the process and Opinion Research Services (ORS) to deliver a number of Focus Groups, undertake a Resident's Telephone Survey and to analyse all the feedback received.

The Consultation Institute has monitored and tested the consultation at each stage and is content that it has been conducted to good practice standards to date. The final "kitemark" assessment will be completed following the Board's decision.

PURPOSE OF THE PAPER

[1] This includes legislation relevant to NHS duties, Community Health Council role and responsibilities, and equality legislation; WG guidance as referenced in paragraph 2.14 of this paper; Equality and Human rights Commission Guidance, 2014 and BCU HB's procedure for Equality Impact Assessment.

The purpose of this paper is to present to the Board the outcomes of the consultation and seek a decision on the way forward taking into account all the evidence available in relation to public opinion, identified impacts and developments within the service since the consultation process commenced.

Areas covered to support the decision-making process are:

- Background and context – including a summary of the key service issues
- An assurance report on the process of consultation and the feedback received
- An assessment of the service issues including developments since August 2015, including progress in relation to recruitment to the service
- An outline of work undertaken to identify the most appropriate short term solution
- An assurance report on the management of risk in the service in the short term
- A description of the work to develop a longer term strategy for the service
- How it is intended to involve the public and stakeholders moving forward
- Conclusions and recommendations for the next steps

The paper is supported by a number of key documents:

- An analysis of the feedback received during the consultation prepared by Opinion Research Services
- A Health Impact Assessment
- An Equality Impact Assessment
- A Quality Impact Assessment
- The North Wales Community Health Council report *"Temporary Changes to Women's and Maternity Services in North Wales 2015 – Response to BCUHB's consultation document"* dated 24 November 2015.

Each of these provides information and evidence that the Board will need to consider in reaching a decision in relation to temporary changes to women's and maternity services in North Wales.

PROPOSALS FOR TEMPORARY CHANGES TO WOMEN'S AND MATERNITY SERVICES

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SECTION 1

BACKGROUND AND CONTEXT

1.1 BACKGROUND

1.1.1 Service Configuration

The majority of maternity services in North Wales are provided in the community. The Obstetrics and Gynaecology service is run from three acute sites, each offering a broadly similar range of services.

In line with the Maternity Strategy for Wales (2011) services provided include:

- Antenatal clinics
- Antenatal screening
- Home births
- Home-from-home unit in Denbigh, Tywyn, Dolgellau and Bryn Beryl (Pwllheli)
- Alongside midwifery-led units
- Consultant-led obstetric service
- Gynaecology outpatient clinics
- Gynaecology outpatient procedures
- Gynaecology daycase surgery
- Gynaecology inpatient surgery
- Complex Gynaecological cancer surgery

Many of these are recent developments, and demonstrate how the service has been able to meet the requirements of the All-Wales strategy and provide choice for women and their families.

Since the formation of BCUHB, the service has evolved into a network, with a move to shared polices and an ability to interact across the region, in accordance with Royal College of Obstetricians and Gynaecologists (RCOG) guidance[2]. Within the current service, each of the units takes high risk deliveries, although the neonatal support on each site has historically differed (with very ill babies being transferred from Ysbyty Gwynedd to Ysbyty Glan Clwyd and the sickest babies being transferred to Arrowe Park from across North Wales).

The relationship between obstetric and neonatal services will be further developed in the coming years through the development of the Sub-Regional Neonatal Intensive Care Centre (SuRNICC) at Ysbyty Glan Clwyd and the need for maternity and neonatal services to be co-ordinated across North Wales.

[2] RCOG, High Quality Women's Health Care, (July 2011)

Through the development of a North Wales Women's network and a consistent approach to managing services across North Wales, local issues and variances have been highlighted and managed. Network management has led to a number of service improvements, and has focused on developing good team relationships in order to improve clinical outcomes.

Additionally, the monitoring arrangements established by Welsh Government in relation to the Maternity Strategy for Wales have also been a significant contributory factor in challenging differing levels of performance, and utilising the network approach to drive up standards.

1.1.2 Activity

In terms of activity, the number of births per unit over the last 3 years has been:

	2012	2013	2014
Wrexham	2,706	2,720	2,682
Glan Clwyd	2,403	2,379	2,371
Ysbyty Gwynedd	2,187	2,150	2,143
Total	**7,296**	**7,249**	**7,196**

Each of the hospital sites also provides a comprehensive Gynaecology service, taking some 12,000 outpatient referrals each year across North Wales. Supported by a network of hospital and community-based clinics, each site provides outpatient-based procedures, daycase activity, and inpatient Gynaecology. Complex Gynaecological cancers are centralised at a surgical centre at Ysbyty Gwynedd.

1.2 SERVICE CONCERNS

Despite the developments in forging a North Wales service, concerns around the sustainability of the service as currently configured, particularly from a medical staffing perspective, have been a constant concern.

1.2.1 Pre-2014

In May 2013, the Board took a decision to pursue a contingency plan of recruitment to secure Consultant-led obstetrics services on 3 sites recognising the national shortage of middle grade doctors. A comprehensive plan was formulated detailing the requirements to meet staffing standards, which involved an increase in the total number of medical staff required.

Due to the timescales for recruitment, the Deanery relaxed the stipulation to achieve the 1:11 rota requirements for Junior Doctors from the original target date of August 2013, in acknowledgement of the potential recruitment difficulties.

In October 2013, the existing trainees in Glan Clwyd wrote to the Deanery to express concern about the quality of training they were receiving. Despite a 6-month period to remedy the situation sufficient improvement was not evident and the Deanery took the decision to remove trainees in Obstetrics and Gynaecology from the Glan Clwyd site.

In November 2013, the Wales Deanery wrote to the Health Board to revise arrangements for doctors in training, requesting that they be allocated to two of the three sites in North Wales. Based on the concerns that had been raised by the Deanery about training in Ysbyty Glan Clwyd in 2011 and to work in tandem with the training arrangements for other surgical specialties, the decision was made that the training sites should be Wrexham and Ysbyty Gwynedd.

In 2013, a number of reports by independent clinical experts from outside the Health Board raised concerns specifically relating to the obstetrics and gynaecology services at Ysbyty Glan Clwyd. As a result, there has been significant leadership input into Ysbyty Glan Clwyd to maintain safety and address a number of historical issues.

1.2.2 2014

In February 2014, the Board took a decision to pursue recruitment for August 2014, providing funding to allow the service to appoint to 1:11 rotas. This entailed an increase from 24 middle grade doctors' posts across North Wales to 30 (11 each in the training sites of Ysbyty Gwynedd and Wrexham, and 8 in Ysbyty Glan Clwyd as the non-training site).

At this time, the BCU Chiefs of Staff formally wrote raising concerns about the continued delivery of safe services across the organisation, given the anticipated rota deficits from August 2014. The concerns were based on a realisation that certain services – with specific reference to Obstetrics and Gynaecology - would be unable to sustain safe medical staffing levels with a consequent risk to patient safety and service continuity.

The comprehensive recruitment programme continued and utilised both traditional recruitment methods as well as engaging an external recruitment company, with the aim of sourcing appropriately trained doctors from across the world.

By August 2014, despite all the recruitment efforts, a significant number of posts remained unfilled and the service was reliant on a number of temporary locum appointments to maintain service continuity. This raised a number of quality and safety concerns particularly in relation to the day-to-day running of the service and the risk of the service becoming untenable in its current configuration.

In September 2014, the Women's Services Clinical Programme Group escalated concerns to Executive Directors that, despite a concerted recruitment campaign, there were insufficient doctors, particularly at middle grade level, to sustain the obstetrics and gynaecology service on 3 sites in North Wales, and the issue was escalated to the BCU Corporate Risk Register.

Concerns relating to the sustainability of medical rotas had been exacerbated by a number of key factors:

- Locum rates well in excess of 25% (and on occasions reaching over 50%)
- Lack of trainees to fill vacancies.
- Inability to appoint to vacant positions, specifically at middle grade level to meet increased rota requirements.
- Inability of some appointees to progress to the level of seniority to which they had been appointed.
- Appointees having to step down to a lower level of clinical competency.
- Increasing difficulty in attracting agency locums to work in North Wales.

1.2.3 Locum Staff and Recruitment

The use of locum staff within BCU was highlighted in a report by the Wales Audit Office (2012)[3] and raised in the Welsh Government Public Accounts Committee[4] in 2014.

The number of medical staff available (including agency and locum appointments) has not been sufficient to maintain a fully-functioning service in Obstetrics and Gynaecology, leading to a significant reduction in elective Gynaecology activity.

The situation in North Wales is far from unique. The Royal College of Obstetricians and Gynaecologists [RCOG] has previously recognised that

"workforce pressures are being felt by most professional groups in the delivery of women's health care,"[5]

and in their response to the Kirkup Report of the Morecambe Bay Investigation[6], noted that

"*The NHS has a national problem with middle grade rota gaps in obstetrics and gynaecology of approximately 25-30% at any one time… Unless new models of care are identified or resource provided for consultant expansion, reconfiguration is inevitable."*

[3] Wales Audit Office, Annual Audit Report: Betsi Cadwaladr University Health Board, (December 2012)
[4] Public Accounts Committee 11 November 2014.
[5] RCOG, High Quality Women's Health Care: A Proposal for Change, Expert Advisory Group Report (July 2011)
[6] RCOG, Response to the Kirkup Report of the Morecambe Bay Investigation, (2015)

The problems with medical recruitment and workable rotas became increasingly problematic with the following position in terms of vacancies being reached in February 2015:

Site	Consultant		Middle grade		1st on call	
	%	Vacant Posts WTE	%	Vacant Posts WTE	%	Vacant Posts WTE
Wrexham	0	0	37.5	3.8	0	0
Ysbyty Glan Clwyd	0	0	56.25	4.5	37.5	3
Ysbyty Gwynedd	0	0	33	3	22.2	2[7]

In the RCOG response to the Kirkup report it was stated:

"Rural and remote units with low levels of activity often find it difficult to recruit locum and full-time staff. Agency staff are frequently used as a temporary solution – this is unsustainable and can have a detrimental effect on staff training and morale".

The context of the North Wales situation was therefore one where national experts were highlighting an identical set of issues for similar regions across the UK. The service was experiencing difficulties in recruiting agency staff to plug existing rota gaps which compounded the risks to safe care.

1.2.4 Midwifery staffing

For midwifery, staffing levels are aligned to Birth Rate Plus, a recognised workforce planning tool for midwifery services. The Wales Audit Office Review of Maternity Services (2009/11) recommended that Health Boards should undertake an annual assessment of their staffing requirements for the delivery of safe, high quality services and rectify situations where midwifery staffing falls below recommended levels.

The requirement to meet national standards in maternity has also been identified as a Welsh Government priority (2011). Each Health Board is required to undertake a full BirthRate Plus assessment every 3 years as a minimum. The methodology employed assesses the number of midwives required within a given service, based upon the needs of women and their babies, and the way in which services are organised.

[7] Rota supplemented by Midwives in Advanced Clinical Practice, covering the rota out-of hours. Consequently, with midwifery cover, the rota gap is for 2wte doctors although there are only 5 currently employed at this tier.

Following a BirthRate Plus assessment in July 2012, the Board agreed (in October 2012) that an additional 13.76wte Band 6 midwives and 3wte Maternity Support Workers at Band 3 should be recruited. Following successful recruitment, by April 2013 the BCU service was BirthRate Plus compliant.

Compliance with this standard was maintained in part through moving staff between sites as necessary to meet operational pressures.

However, the court injunction imposed in May 2015 did not allow for the movement of staff from Ysbyty Glan Clwyd, as that might be seen as potentially de-stabilising the service. As a result, the midwifery service became vulnerable, particularly in relation to forward projections for the July and August 2015 period.

In response to this situation, non-clinical nursing and midwifery staff were redeployed into direct clinical activity to support staff working in areas of the service which is reliant on locum doctors. To ensure every effort was taken at this time to maintain services, staff appraisals (Performance Appraisal and Development Reviews - PADR's) were not being undertaken; mandatory training was temporarily suspended; other management tasks were not being fulfilled and the clinical management capacity was diminished.

Through the inability to move staff to the areas of greatest service need, the Wrexham and Ysbyty Gwynedd units were working at below optimum staffing levels. For example, at Ysbyty Gwynedd, where Midwives in Advanced Clinical Practice[8] were supporting the midwifery and nursing workforce rather than their normal duties thereby increasing the use of medical locum staff at Tier 1.

To sustain the service, a number of midwives were working above their contracted hours, but this did not alleviate all the pressures. At times of service pressure or staffing issues, the escalation plan for community midwifery staff to work in the acute setting provided temporary staffing solutions. The staffing pressures within midwifery at this time saw two community staff being permanently deployed in the acute setting as well as other midwives being deployed as part of the established escalation plan to secure safe staffing levels.

The combined impact of these actions severely disrupted the community on-call system, which is in place to support the home birth service. Invoking the escalation plan regularly resulted in only urgent calls being dealt with at weekends. The impact on community services was significant and to the detriment of much of the work that is carried out in the community setting, such as the service's ability to run scheduled clinics and parent education activities.

[8] The role of Midwifery Advanced Practitioners was introduced in 2004 as a consequence of concerns over implementing the EWTD to achieve a 48-hour maximum working week for junior doctors. These practitioners work on the Tier 1 rota for maternity and gynaecology at night. They are supported by a middle grade/ Tier 2 doctor.

As a result of staff turnover and the agreement to appoint to 11 additional midwifery posts to enable mandatory training to be completed, a total of 27wte midwifery posts became vacant across BCU in 2015.

1.2.5 2015

Following the escalation by the Clinical Programme Group, in February 2015 the Health Board took a decision to move to a temporary reconfiguration of Obstetrics & Gynaecology services based on the following clinical concerns:

- An over-reliance on agency and locum medical staff
- Fragile medical staffing rotas across all 3 units
- Lack of suitably trained and qualified doctors, leading to an inability to recruit the sufficiently high numbers required to provide a safe service.
- Service at risk of collapse and being managed in critical incident mode.
- Historic concerns around the culture and behaviours of the consultant team in Obstetrics and Gynaecology at Glan Clwyd

On 10 February 2015 the Board decided that, on the grounds of patient safety, urgent temporary service change was required in Obstetrics and Gynaecology, which would also impact on Neonatal services and Breast Surgery.

It was acknowledged that the recruitment issue affected the whole of North Wales and that because of these substantial safety concerns, the Board believed that action should be taken to protect mothers and babies with a preferred option to move temporarily to concentrate the consultant-led services at two of the three main hospitals – Wrexham Maelor and Ysbyty Gwynedd. Midwifery-led services would remain at all hospitals, so that straightforward pregnancies would still be delivered at sites.

Due to the close links between Neonatal services and Obstetrics and Gynaecology, it was acknowledged that temporary changes would also be needed to these services. In addition, there would be a need to move breast services to create the right capacity in terms of ward and theatre space for inpatient Gynaecology surgery.

This decision was not implemented as a result of legal action (see Section 2) and was rescinded on 1 July 2015. The basis of this was that the Board recognised the level of public concern and the issues raised by the Applicants in the legal proceedings in relation to the urgency of the situation and the duties on the Health Board to involve and consult.

As a result, the service continued to face a high level of risk in relation to the following:

- Shortages in the number of doctors.

- Large numbers of temporary staff being used to fill gaps in rotas.
- Difficulty in recruiting sufficient qualified staff.
- Training for junior doctors and midwives.
- Meeting national standards for quality of care.

The critical level of risk at this time was being mitigated through intensive risk management processes. The Maternity Escalation Procedure was being implemented when required as agreed in the Court Order leading on occasion to ad hoc closures of maternity units and disruption to Community Midwifery services. Recruitment efforts were continuing but the service across North Wales remained fragile.

As a result, on 18 August 2015, the Board made a decision to undertake a formal, public consultation on potential temporary changes which would stabilise the service. Section 2 provides details of this process.

SECTION 2

CONSULTATION PROCESS AND OUTCOMES

2.1 INTRODUCTION

The Health Board commenced a six week period of consultation on 24 August 2015. This was in accordance with the Consent Order issued by the Courts following a Judicial Review process into the Board's February decision (subsequently rescinded) to temporarily remove Consultant-led Obstetrics and Gynaecology Services from Ysbyty Glan Clwyd.

The consultation related to proposals for temporary changes to women's and maternity services with a focus on the clinical challenges faced in the service across North Wales.

This Section of the paper describes the legal requirements of consultation, the work and activities undertaken and provides assurance that the process was proportionate and undertaken appropriately.

2.1.1 Court Order

As referred to above, following the Board's decision to make temporary changes to women's and maternity services in February 2015, a Judicial Review application was submitted to the High Court and an Order preventing the Board from implementing this decision was made in May 2015 (subsequently discharged.)

Discussions were held between the Health Board and the applicants in the Judicial Review which led to the Board rescinding its decision to make temporary changes on 1 July 2015.

The Board and the applicants reached the position by consent that a consultation would be undertaken in relation to proposed temporary service changes. This was reflected in the terms of the Court Order which confirmed that the Health Board

" …… shall carry out a process of consultation as to whether there is a need to close the service. Such consultation shall be undertaken in accordance with the Defendant's statutory obligations, and having due regard to the guidance and procedure set out in paragraph 2 of the Schedule to this Order[9]. In taking any decision as to the Service in the light of such consultation, the Defendant shall discharge its public sector equality duty."

[9] This includes legislation relevant to NHS duties, Community Health Council role and responsibilities, and equality legislation; WG guidance as referenced in paragraph 2.14 of this paper; Equality and Human rights Commission Guidance, 2014 and BCU HB's procedure for Equality Impact Assessment.

It was further confirmed that the Order does not prohibit the Health Board from implementing in good faith the Maternity Unit Escalation Procedure endorsed by the Women's Clinical Programme Group Board in May 2014.

Further discussions were held with the applicants to the Judicial Review process regarding the proposed consultation and the Health Board took into account a number of comments submitted by the applicants regarding the draft consultation document prior to its finalisation and approval by the Board.

2.2 LEGAL REQUIREMENTS AND BEST PRACTICE IN CONSULTATION

2.2.1 Legal and good practice frameworks

The statutory requirement to involve and consult the population on the planning, development and delivery of health services is set out in s 183 of the NHS Wales Act 2006.

There are however further legal and good practice requirements for formal consultation:

2.2.2 The Public Sector Equality Duties – General and Specific – under the Equality Act 2010.

These require the Board to:

- assess the likely impact of proposed policies and practices on our ability to comply with the general duty
- assess the impact of any policy which is being reviewed and of any proposed revision
- publish reports of the assessments where they show a substantial impact (or likely impact) on our ability to meet the general duty
- monitor the impact of policies and practices on our ability to meet that duty.

In addition, when assessing for impact on protected characteristic groups[10], we must:

- comply with the engagement provisions and
- have due regard to the relevant information we hold

2.2.3 Case law and precedent

There is a significant and developing body of case law pertaining to consultation which is relevant to every consultation exercise. The most significant findings were set out in R v London Borough of Brent ex parte Gunning (1985), which

[10] Protected Characteristic Groups are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, ethnicity / race, religion and belief, sex and sexual orientation

defined a series of principles since confirmed to be applicable to all consultations. These are now referred to as the Gunning principles and are as follows:

- Consultation must be undertaken when proposals are still at a formative stage
- There must be sufficient reasons given for the proposals to allow "intelligent consideration"
- There must be adequate time for both consultation and response
- Consultation feedback must be taken conscientiously into account

Another key element to be borne in mind is that consultation should be proportionate to the matters under consideration.

2.2.4 Older People's Commissioner for Wales guidance

In 2012, the Older People's Commissioner published *Best practice guidance for engagement and consultation with older people on changes to health services in Wales* for Health Boards under section 12 of the Commissioner for Older People (Wales) Act 2006.

2.2.5 The Welsh Government's Guidance for Engagement and Consultation on Changes to Health Services ("the Guidance")

Published in March 2011, this sets out the expected approach to undertaking engagement and consultation and provides a framework for the process to be followed.

The Guidance does not provide detail on how consultation should be undertaken (in terms of activities etc) but does set out pre-consultation considerations.

2.3 COMPLIANCE WITH WELSH GOVERNMENT GUIDANCE

The Guidance sets out the requirements of the Health Board in undertaking engagement and formal consultation.

2.3.1 Engagement

In developing proposals for service change, the Guidance generally promotes a process of continuous engagement when considering service change in order to explore the issues and seek views on options which could deliver the required outcomes.

The issues and challenges facing the obstetrics and gynaecology services in North Wales have been explored through extensive discussions with representative groups across North Wales as part of a process to develop sustainable service models.

A series of clinically-led workshops commenced in 2013 which explored population health needs, the evidence base, operational difficulties in the services and potential scenarios for the longer term. This activity engaged clinical leaders, service managers and representatives of organisations (including the CHC, third sector and some patient groups).

All papers from this engagement work have been published openly on the BCU website and can be seen at the following link: Sustainable Services Strategy

Following the Board's original decision in February 2015 a programme of raising awareness was undertaken to ensure the public was aware of the challenges within the service and the need for temporary change to mitigate the risks. This work included midwives talking through birthing choices with women, an informative booklet and a range of paid for advertising, significant media coverage and other communications activities (including web chats).

Whilst the decision was subsequently rescinded, the earlier activity had ensured there was a level of understanding of the issues being managed and this was then reflected in terms of the length of the subsequent consultation.

In June 2015, the Health Board commenced a widespread engagement exercise "Living Healthier, Staying Well" - a general listening exercise aiming to help the Health Board to reconnect with the public. The purpose was to hear people's views about what is important in relation to health and healthcare; what is currently done well in the health service in North Wales; what could be done better; and any other information regarding personal experiences of healthcare which people wish to raise.

A paper was presented to the Board on 11th August 2015 with an update on progress and a description of the next phases of engagement activity. The paper 'Reconnecting with the public – an update on the listening and engagement exercise *Living Healthier, Staying Well'* can be seen at the following link*:* http://www.wales.nhs.uk/sitesplus/861/opendoc/271620

Any feedback received through the general listening exercise which is pertinent to women's and maternity services will be used to inform the longer term service strategy.

2.3.2 Pre-consultation planning

2.3.2.1 General

The Guidance describes a two-stage approach when formal consultation is required, the first stage of which relates to pre-consultation planning.

The Guidance also sets out a list of requirements of the consultation document along with a number of key considerations which must be taken into account before approving a formal consultation. These issues were all addressed in the paper considered by the Board on 18 August 2015 (Proposals for Temporary Changes to Women's & Maternity Services in North Wales). The paper can be accessed through the following link: http://www.wales.nhs.uk/sitesplus/861/opendoc/271849

2.3.2.2 Project Planning/Project Group

A project initiation document and associated documentation including project plan, risk strategy and risk and issues log were developed and made available on the website.

The project team included the following representation:

- BCUHB officers (planning and communications)
- Community Health Council (observers with speaking rights)
- Service users

A regular weekly project team meeting was held throughout the consultation period and during the post-consultation consideration period.

2.4 FORMAL CONSULTATION PERIOD

2.4.1 Consultation Mandate

To ensure that the purpose and scope of the consultation was clear a Consultation Mandate was developed and included in the paper presented to the Board on 18 August 2015.

The Mandate also gave clarity in relation to those matters that were open to influence during the consultation (the first Gunning Principle) and these were:

- The model for consultant-led maternity services at the three acute hospitals and which would support a free-standing midwifery unit in the short term to address the identified risks and issues in the service
- The provision of emergency and major elective gynaecology services in the short term and if it was agreed a temporary change was needed
- Changes to the level of need and volume of neonatal care provided at the three acute hospitals if a temporary change was needed
- Proposals to concentrate breast surgery at one of the three hospitals if a temporary change was needed

The Board determined that the consultation would be based on four potential options:

Option 1
No change to the current service with the clinical risks being managed; however the Health Board believed that trying to keep services running without any change would be a greater risk to mothers and babies than a temporary change to services.

Option 2
Temporarily change maternity services at **Wrexham Maelor Hospital** to a midwifery-led unit. Provide consultant-led obstetrics and inpatient gynaecology services at **Glan Clwyd Hospital** and **Ysbyty Gwynedd**. There would be a reduced neonatal service at Wrexham Maelor Hospital and a much higher number of deliveries would transfer to the Countess of Chester. Temporarily discontinue inpatient breast surgery at Glan Clwyd Hospital and Ysbyty Gwynedd; only provide inpatient breast surgery at Wrexham Maelor Hospital.

Option 3
Temporarily change maternity services at **Ysbyty Gwynedd** to a midwifery-led unit. Provide consultant-led obstetrics and inpatient gynaecology services at **Wrexham Maelor Hospital** and **Glan Clwyd Hospital**. There would be a reduced neonatal service at Ysbyty Gwynedd. Temporarily discontinue inpatient breast surgery at Wrexham Maelor Hospital and Glan Clwyd Hospital; only provide inpatient breast surgery at Ysbyty Gwynedd.

Option 4 (Preferred Option)
Temporarily change maternity services at **Glan Clwyd Hospital** to a midwifery-led unit. Provide consultant-led obstetrics and inpatient gynaecology services at **Wrexham Maelor Hospital** and **Ysbyty Gwynedd**. There would be a reduced neonatal service at Glan Clwyd Hospital. Temporarily discontinue inpatient breast surgery at Wrexham Maelor Hospital and Ysbyty Gwynedd; only provide inpatient breast surgery at Glan Clwyd Hospital.

(This was declared as the Preferred Option as it was considered to have the least significant overall impact on travel, would have the least impact on other services and could be put in place more quickly than other change options)

2.4.2 Equality and Human Rights Considerations

The Health Board adopted an Equality Impact Assessment process and policy which was developed in response to the Public Sector Equality Duty and is consistent with the *Technical Guidance on the Public Sector Equality Duty: Wales, Equality and Human Rights Commission.*

An Equality and Human Rights Scrutiny Task & Finish Group was established to support, advise and challenge the Equality Impact Assessment (EqIA) process for the proposals for temporary change to women's and maternity services which

ran alongside the consultation programme. This group included the following representation:

- BCU HB officers (workforce and organisational development, equality, planning and communications, and officers from the Equality & Human Rights Operational Group representing service areas)
- Lay members with an interest in equalities and human rights
- Community Health Council (observers with speaking rights)

The consultation documentation published in August 2015 included an Equality Impact Assessment Screening which was developed building on previous work undertaken by lead officers from the affected services.

The Scrutiny Task & Finish Group recommended that the EqIA screening proceed to a full impact assessment, in view of the potential impacts recognized in the screening process and the need to undertake further investigation in order to ensure the Board was fully informed prior to the decision-making process.

The Group also advised on specific language needs and opportunities for engagement with protected characteristic groups.

During the consultation it was agreed to undertake a further test of relevance of the proposals to the protected characteristics. The initial work of the project team had identified that the proposals may be relevant to each or any of the characteristics, because of the service user groups and potential impact on partners, families or carers.

A further invitation was offered to groups representing the protected characteristics to confirm whether there would be any particular impact arising from the proposals on people who share one or more of the protected characteristics, whether negative or positive. The communication was targeted through the Equality Stakeholder Database and questions on which views were sought were as follows:

1. The relevance to any or all of the protected characteristics of the options being considered for potential temporary changes.
2. If there is a relevance to any protected characteristic, why you think this and the matters to which you feel that the Health Board should give due regard

3. Any comments you may have on mitigating actions that the Health Board could take to address any adverse impact in respect of any protected characteristic

This communication did not elicit significant further feedback, although there were some further discussions regarding the consultation proposals and sharing

of information as a result (for example, through a Learning Disability Forum in the central area.)

A summary of the reach and engagement with protected characteristic groups and issues of significance from the EqIA are included in section 2.6.4 below.

2.4.3 Consultation Plan

The Board approved a consultation of six weeks recognising that this is the minimum period recommended by the Guidance (and in line with the principles of legitimate expectation).

The length of the consultation had been discussed and agreed with the Community Health Council and also with applicants in the legal proceedings referred to earlier in this paper. It was accepted that the minimum period was appropriate and proportionate given the immediacy of the issues and that there was already a significant level of public interest mobilised and ready to respond.

It was recognised by the Board that the consultation would partly span the summer holiday period. However, it was also recognised that at least half the period fell outside the school holiday season.

A programme of activities and events to give the general population and stakeholders the opportunity to participate was designed and developed and the plan was included in the papers at Section 2.4.1 above. The plan was developed through discussions with the CHC in relation to the range of activities in support of the consultation.

It was intended to maximise opportunities for the population to be involved and the process was designed in accordance with best practice guidance as set out by the Consultation Institute.

An analysis of the reach and coverage of the consultation is included in subsequent sections of this paper.

2.4.4 Expert Support and Advice

To ensure that the process was robust, inclusive and accessible, a number of external and independent organisations were commissioned to provide expert support and advice:

- Consultation Institute – a not for profit organisation founded in 2003 which helps all those engaged in public or stakeholder consultations with best practice standards. The Institute was commissioned to ensure that the process was inclusive and comprehensive, advise the Board on the legal

requirements of consultation and undertake a Quality Assurance review at each stage of the process.

- Opinion Research Services – an independent organisation which is a "spin out" company from Swansea University with wide experience in social research, information analysis and consultations in the public sector. ORS was engaged to independently undertake a number of Focus Groups across North Wales, undertake a representative telephone survey of the public and analyse all the feedback received.

2.5 SUMMARY OF CONSULTATION PROCESS

The consultation was intended to be inclusive and included open deliberative events alongside targeted involvement and a range of feedback mechanisms. The following sections describe the range of materials, the reach and coverage of the consultation and the activities undertaken.

2.5.1 Materials

A wide range of materials were produced in a variety of formats to ensure that the consultation was accessible:

- Main consultation document & questionnaire
    - In easy read format and large print (English and Welsh)
    - In Turkish, Chinese, Polish, Romanian, Portuguese
    - In BSL and audio format
    - The languages identified were agreed by the consultation project team based on advice from the BCUHB Equality Team in discussion with North Wales Regional Equality Network (NWREN) as being the key languages currently used in North Wales
    - Other formats and languages were offered to be made available on request.
- Summary consultation document – which was assessed by young person's participation leads and was found to be easily accessible – also available in all languages and formats described above
- A range of "technical" appendices and evidence
- A regularly updated Frequently Asked Questions document which addressed a number of key issues and clarified information
- A bespoke/standalone website for the consultation
- Facebook and Twitter feeds

In relation to methods open to the public and stakeholders to provide feedback, the following were provided:

- On line questionnaire
- Hard copy questionnaires
- Dedicated telephone line

- E-mail address
- Freepost address – see below in relation to an issue identified with this channel

2.5.2 Activities

The consultation plan included a wide range of qualitative and quantitative activities aimed at ensuring the process was accessible and gave the population and stakeholders the opportunity to participate. A summary of these is included below.

2.5.2.1 Public Meetings

A total of 18 public sessions in 9 locations were undertaken across the Health Board area with 1 in Powys. Most areas received 2 sessions on the same day (the first in the afternoon and a further session in the early evening) in an attempt to ensure the meetings were accessible for the widest cross-section of communities.

- Rhyl (2 sessions)
- Wrexham (2 sessions)
- Holyhead (2 sessions)
- Dolgellau (2 sessions)
- Colwyn Bay (2 sessions)
- Flint (2 sessions)
- Bangor (2 sessions)

The following additional public meetings were added as a result of the Health Board receiving requests for additional opportunities for potential affected communities to participate:

- Pwllheli (1 session)
- Denbigh (2 sessions)
- Welshpool (1 session)

An Independent Chair was appointed to run the public meetings to ensure there was consistency and objectivity across each session.

2.5.2.2 Focus groups

These groups were arranged by ORS; a total of 26 people attended the 3 sessions (one for each main hospital site) with attendees randomly invited with the aim of participants being representative of the local demographic and to enable in-depth discussions on the proposed changes. The geographical spread included representatives from Powys and Shropshire.

2.5.2.3 Resident's Telephone Survey

A telephone survey was undertaken by ORS of 500 participants who were randomly selected to be representative of the local population demographic across the 6 local authority areas, together with proportionate representation from Powys and Shropshire

2.5.2.4 Use of Living Healthier, Staying Well meetings

Consultation materials were made available at all of the Living Healthier, Staying Well engagement sessions undertaken as part of the parallel general listening exercise.

2.5.2.5 Other Activities

The Daily Post newspaper promoted and hosted two live on-line discussion sessions through their website, one each with the Medical Director (15th September) and Director of Nursing and Midwifery (30th September).

A selection of the questions raised were subsequently published in the newspaper.

2.5.2.6 Staff sessions

A range of communications/engagement channels were used to raise staff awareness and encourage participation:

- A detailed briefing at the Leadership Forum to ensure managers were aware of the proposals and information available to use in staff briefing sessions
- Regular updates on the Health Board's Staff Intranet
- Regular Information was provided through the Board's Team Brief cascade, Chief Executive's briefing email, Team Brief and Staff Bulletins
- Site specific drop in sessions were hosted by Site Managers
- Individual team meetings were held by managers

In addition, there was activity specifically aimed at staff working in the Women's and Children's Directorate:

- Weekly drop in sessions held on each of the 3 main hospital sites
- Additional sessions held both in the pre-consultation period and over the consultation period to give as many members of staff as possible the opportunity to attend

2.5.3 Publicity

To ensure the consultation was widely publicised a range of PR activities was undertaken:

- Two rounds of paid-for adverts for the public meetings in all North Wales Newspaper group, Cambrian News, Trinity Mirror North Wales titles (including the Daily Post). This also includes pop up ads on Trinity Mirror online news outlets.
- There was extensive newspaper and online coverage of the consultation throughout the consultation period.
- Media statements were supplied on a very regular basis in order to encourage people to participate in the consultation.
- Paid-for bilingual radio ads for commercial stations across North Wales and the North West of England
- Social Media – Facebook and Twitter –paid-for promoted posts were used to increase reach (e.g. one post reached over 20,000 people). A video of the Medical Director explaining the case for change reached 5, 800 people.
- Leafleting was undertaken in towns prior to public meetings in Rhyl, Wrexham, Holyhead, Dolgellau, Colwyn Bay, Flint, Bangor and Pwllheli. Teams distributed posters and flyers advertising the public meetings to cafes, hairdressers, shops, supermarkets and other public areas including train stations.
- A comprehensive North Wales mail-out was undertaken to: Local Authority distribution lists including leisure centres, libraries and one stop shops; GP practices; health centres; dentists; pharmacists; optometrists; all NHS premises (both acute and community) covering both patient and staff areas; Ysbyty Glan Clwyd's park and ride service; third sector groups; professional bodies, trade unions and the CHC (who helped distribute materials to their networks). In addition, materials were sent to existing contact lists including the Planning Department stakeholder database, the Equality Stakeholder Database, the Maternity and Neonatal Services database.

2.5.4 Reach and coverage

2.5.4.1 Paid for advertising

Title	Reach/circulation per issue
Daily Post	27147 (+ 35322 on website)
North Wales Weekly News	12247
Caernarfon Herald	10482
Holyhead & Anglesey Mail/ Bangor Mail	8529

Title	Reach/circulation per issue
Flintshire Chronicle	12194
North Wales Chronicle	30219
North Wales Pioneer	25252
Rhyl Journal	26178
Denbighshire Free Press	6579
Flintshire Standard	19983
Wrexham Leader	30220
The Leader	15314
Chester Standard	(51219)
Cambrian News	20845

(Reach figures taken from media reports provided by Yellow News Precise media monitoring service; where unavailable circulation data has been used from newspaper's own websites. Chester Standard distribution area only covers small part of BCUHB catchment area)

Radio advertising reached 59,000 people across Chester, Cheshire and NE Wales, 48,000 across the North Wales Coast and 29,000 people in Anglesey.

2.5.4.2 Media - Newspaper articles, print & online

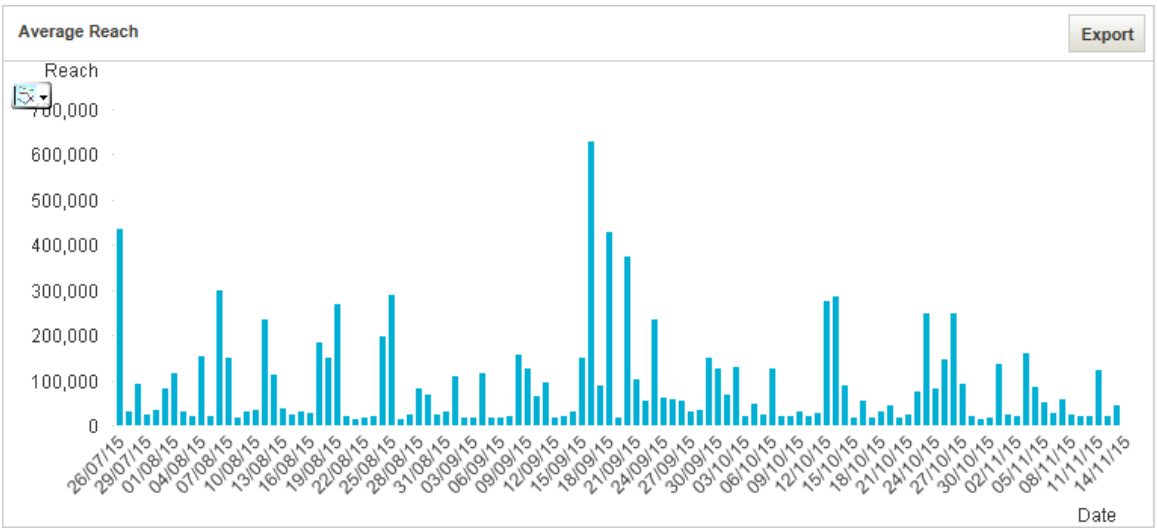
During the run up to and during the period of the consultation (to 5th October – subsequent coverage not included in the analysis below), the following media coverage was recorded. This includes news articles, editorial comments, columnist contributions and reader letters.

Title	Online		Print	
	Number of articles	**Reach / circulation**	***Number of articles***	**Reach / circulation**
BBC Wales Web	*10*	1872000		
BBC Cymru Web	*4*	40486		
ITV Wales	*3*	unknown		
Western Mail / Wales Online	*3*	144994	*3*	18170
Daily Post	*18*	35322	*25*	24163 - 27147
News North Wales	*12*	7884		
Cambrian News	*7*	739	*7*	20845
Caernarfon Herald			*1*	10482
Bangor Mail			*2*	8529
North Wales Pioneer	*7*	687	*1*	25252
North Wales Chronicle	*3*	812	*5*	30219
North Wales Weekly News			*5*	12247
Rhyl Journal	*8*	747	*10*	26178
Denbighshire Free Press	*8*	140	*8*	6579
Flintshire Standard			*1*	19983
the Leader	*4*	unknown	*19*	15314
Wrexham Leader			*3*	30220
Chester Chronicle	*1*	unknown		
Powys County Times	*1*	1870	*1*	8027

Golwg 360	*1*	426		
Y Cymro			*1*	4000
Wrexham.com	*6*	unknown		

2.5.4.3 Average Reach

The average reach of the Health Board's media coverage during this period is illustrated below (this includes all media activity, not just that relating to the consultation).



2.5.4.4 Social Media

The Health Board's main **Twitter** feed currently has 4,300 followers. During the consultation the Health Board posted, or re-tweeted, 254 Twitter messages promoting the consultation and the public meetings that were taking place. The eight most widely shared tweets are each calculated to have had a reach of over 10,000 people.

Further messaging relating to the consultation was delivered through the Health Board's 'Living Healthier, Staying Well' Twitter account.

The Health Board's **Facebook** page currently has 3,778 likes. During the consultation the Health Board made 30 posts promoting the consultation and the public meetings. The most widely shared post had a reach of over 27,500 people. Ten posts each reached over 1,000 people.

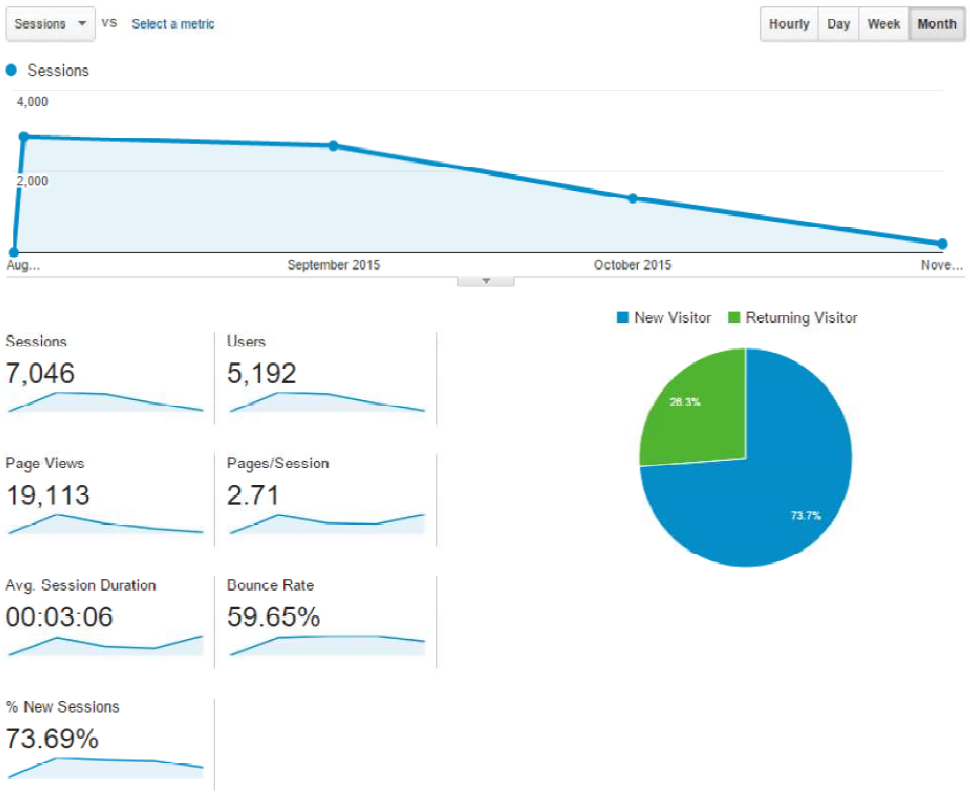
Facebook was also used as a platform to host a live on-line question and answer session on the consultation which attracted 111 comments and responses, and to host a video of the Medical Director explaining the background to the consultation (viewed by 1,500 people).

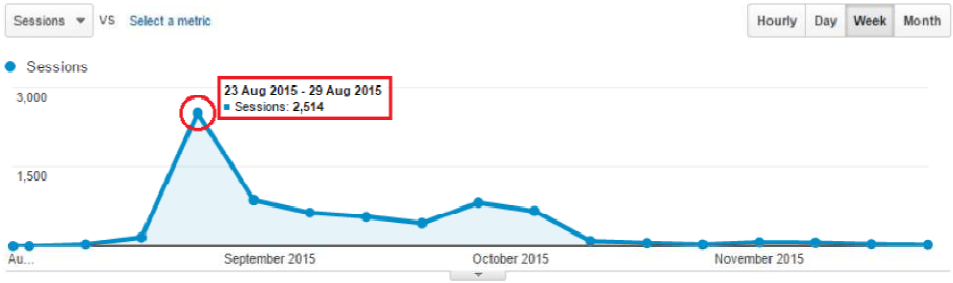
2.5.4.5 Web Site

As described above, a bespoke web site was designed and created for the consultation (http://www.nwmaternity.org.uk/). All consultation documentation was published on the site along with FAQs and relevant reports and evidence.

Over the course of the consultation a total of 7,046 hits with 5,192 visitors was recorded.

1. Sessions, users, page views – (August – November)

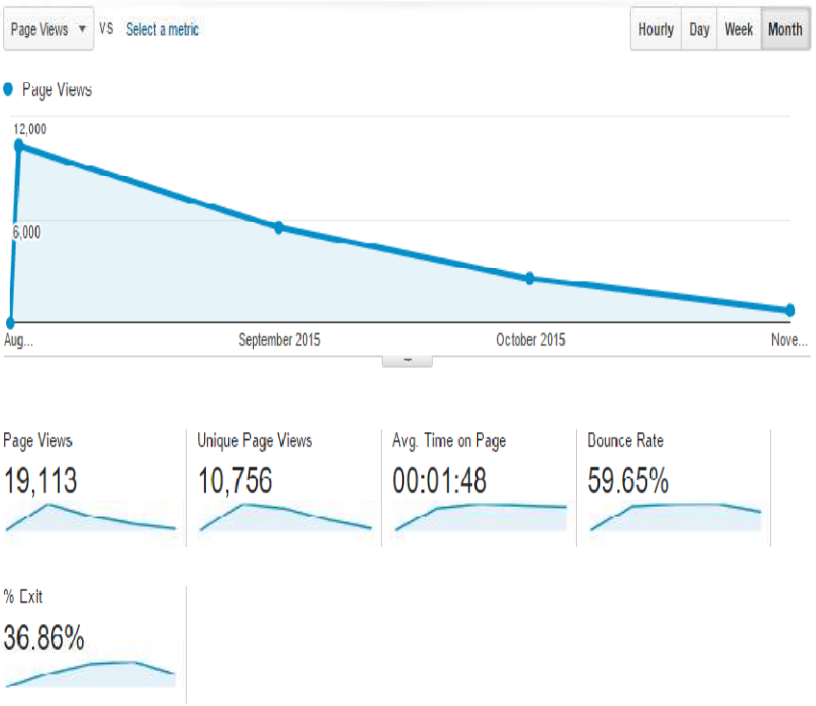




Peak access to the site was 23 – 29 August 2015 (the start of the consultation period) with 2,514 hits

Visitors to the site viewed a wide cross-section of the information.

9. What pages visitors views – (August – November)

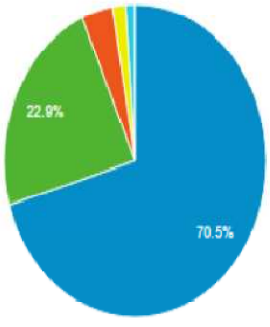


	Page Title	Page Views	% Page Views
1.	Women's & Maternity Services |	10,408	54.46%
2.	Have your say | Women's & Maternity Services	1,052	5.50%
3.	Wasanaethau Merched a Mamolaeth |	1,019	5.33%
4.	Need for change | Women's & Maternity Services	953	4.99%
5.	Events | Women's & Maternity Services	922	4.82%
6.	nwmaternity | Just another WordPress site	609	3.19%
7.	Why we have launched this consultation? | Women's & Maternity Services	474	2.48%
8.	Options | Women's & Maternity Services	328	1.72%
9.	Contact | Women's & Maternity Services	277	1.45%
10.	Tell us what you think | Women's & Maternity Services	183	0.96%

Visitors to the site also came from many routes indicating that publicity associated with the consultation was across a range of communications channels.

Source/Medium	Acquisition			Behaviour	
	Sessions ↓	% New Sessions	New Users	Bounce Rate	Pages/Session
	7,046 % of Total: 100.00% (7,046)	73.70% Avg for View: 73.69% (0.02%)	5,193 % of Total: 100.02% (5,192)	59.65% Avg for View: 59.65% (0.00%)	2.71 Avg for View: 2.71 (0.00%)
1. (direct) / (none)	4,965 (70.47%)	74.00%	3,674 (70.75%)	56.46%	3.02
2. m.facebook.com / referral	1,341 (19.03%)	82.92%	1,112 (21.41%)	70.84%	1.48
3. bbc.co.uk / referral	202 (2.87%)	52.97%	107 (2.06%)	54.46%	2.38
4. facebook.com / referral	168 (2.38%)	79.17%	133 (2.56%)	72.02%	1.48
5. Twitter / SocialSignIn	94 (1.33%)	29.79%	28 (0.54%)	72.34%	1.50
6. google / organic	71 (1.01%)	64.79%	46 (0.89%)	56.34%	1.96
7. l.facebook.com / referral	65 (0.92%)	78.46%	51 (0.98%)	67.69%	1.55
8. ami.responsivedesign.is / referral	54 (0.77%)	0.00%	0 (0.00%)	24.07%	15.35
9. t.co / referral	38 (0.54%)	42.11%	16 (0.31%)	68.42%	1.79
10. Facebook / SocialSignIn	21 (0.30%)	66.67%	14 (0.27%)	52.38%	1.62

Default Channel Grouping	Sessions ↓	Sessions	contribution to total: Sessions
	7,046 % of Total: 100.00% (7,046)	7,046 % of Total: 100.00% (7,046)	
1. Direct	4,965	70.47%	
2. Social	1,612	22.88%	
3. Referral	272	3.86%	
4. (Other)	115	1.63%	
5. Organic Search	82	1.16%	



2.5.5 Mid-point review

A mid-point review of the consultation was undertaken on 7 September 2015 with the CHC and the Consultation Institute to review progress and address any

issues of concern, with remedial action being taken where necessary to ensure the process was open and accessible.

As a result of the review a number of additional activities were put in place:

- Additional public meetings in Pwhelli and Denbigh
- Purchase of radio advertising time
- Additional printed media advertising

2.5.6 Process issues raised during the consultation

During the consultation, a number of comments and queries were raised about the consultation process itself, mainly in relation to access to information; lack of awareness about the consultation and its implications amongst the general public; perceived limited use of GPs and frontline staff to disseminate information and raise awareness; potential consultation "bias" and a sense of fait accompli; a lack of transparency and openness and the need for clarification on how responses would be analysed and reported.

Issue	Health Board response
Access to information	
Links to external documents on website and some difficulties in navigating website	In order to continue to tailor the website to the needs of the audiences, website amendments were made in response to feedback from staff and members of the public. For example the documents originally displayed in a PDF flip book format were simplified and reposted as standard PDFs. Similarly there were changes to layout of content with the use of tables to make pages easier to read.
More information requested about some aspects – such as the number of emergency caesareans, complications in pregnancies, evidence about travel times	Further information was provided via the technical papers on the website. A summary of the projected numbers associated with "routine", urgent or emergency transfers during labour was included in the paper on transport. A Public Health Wales review of the evidence on travel and distance was published with accompanying press release and social media promotion. Individual responses were given to people requesting information.

Issue	Health Board response
Reach and awareness	
Concerns were expressed regarding the level of awareness and understanding of the general public. Specific challenges were raised regarding availability of consultation information on the gynaecology ward and emergency unit and the outpatient facility at YGC; availability at GP practices; areas of deprivation; and social media reach	A significant distribution exercise was undertaking at the beginning of the consultation period to distribute materials across North Wales both in NHS locations and in other public areas. See section on distribution below. When any concerns were raised during the consultation the project team followed up to ensure supplies were available. In both specific instances referring to YGC it was able to be confirmed that there were materials there. A supply of materials was distributed to each GP practice in the first delivery in week one of the consultation period. This was followed up subsequently with an email distribution of electronic copies for GP practice managers, with an offer to provide more hard copies for staff or patients as needed. During the consultation, when specific issues about GP practices were raised, the project team provided additional supplies and requested that these were displayed (e.g. Flint practices and St Asaph.) Copies of the consultation materials were distributed to community teams in all areas across North Wales and additional supplies provided when needed (e.g. to the Ffordd Las clinic in west Rhyl.) Consultation materials were also distributed to all Communities First cluster leads with an offer to meet and / or to provide further information as needed.
Primary care involvement	
Concerns expressed that consultation documents were sent electronically and late to GP surgeries without guidance	Please refer to section above on distribution to primary care. A response was sent to the correspondent advising the approach

Issue	Health Board response
	that was taken. In addition, a brief presentation was given to the LMC forum and an offer of further support made, following which one member took the opportunity to distribute further information
Communication and engagement	
One respondent asked whether the Health Board could prove the marketing team are responding to public concerns and questions via social media	Please see social media reach report for coverage on Facebook and twitter. During the consultation, key questions raising queries and points of clarification were answered and FAQs were developed responding directly to some of the themes raised. There was also a series of live webchats via the Facebook page. It was not possible to respond to all the many individual personal experiences of women's and maternity services. The richness of the stories and experiences shared, in common with similar experiences shared during the public meetings and through other consultation channels, provides an important reminder of the significance of the issues to mothers, babies and families.
Consultation is delaying important decision-making	The Board recognised the clinical imperative in reaching a decision in February 2015 but due process in terms of meeting the Court Order is essential. In the interim robust risk management of the service is in place to ensure the service remains safe.
Potential consultation bias	The response made was that we are open to views from all sections of the population and for other solutions to be suggested. It was explained that the Board will only make a decision on whether to take action once all responses have been analysed and taking into consideration the impact that our

Issue	Health Board response
	continued recruitment efforts might have over the coming weeks and that all the evidence relating to the proposals would need to be considered with consultation feedback being a significant part of this but not the sole element. It was also stressed that the evidence and rationale that is presented would need to be carefully considered. Finally, it was stressed that by highlighting a preferred option there was no suggestion of a pre-determined decision.
Openness and transparency	
Consultation does not appear to have been taken at a formative stage	The response was that the Consultation is being undertaken in line with the order made by the Court.
More information required on how responses will be analysed and published	In response to queries regarding the analysis methodology, a detailed statement was published on the FAQ page and a specific response sent to the individual who raised the query.
More public meetings required	Additional meetings were arranged in Powys, Denbigh and Pwllheli to respond to specific requests.

2.6 FEEDBACK

The consultation ended on 5 October 2015 and the following feedback was received:

- 143 written submissions – from professional, political interest, voluntary and community groups as well as individual staff and residents
- 3,066 consultation questionnaires were returned – from 27 organisations, 480 people who work for the NHS and 2,559 other individuals
- 11,638 signatures on 4 petitions – 3 opposing changes to services at Wrexham Maelor Hospital and 1 opposed to changes to services at Ysbyty Gwynedd (note: further petition sheets opposing changes to services at Wrexham were hand delivered late to the Health Board. These were significantly late and unable to be included, but do indicate the continued interest in the matter)

2.6.1 Freepost Responses

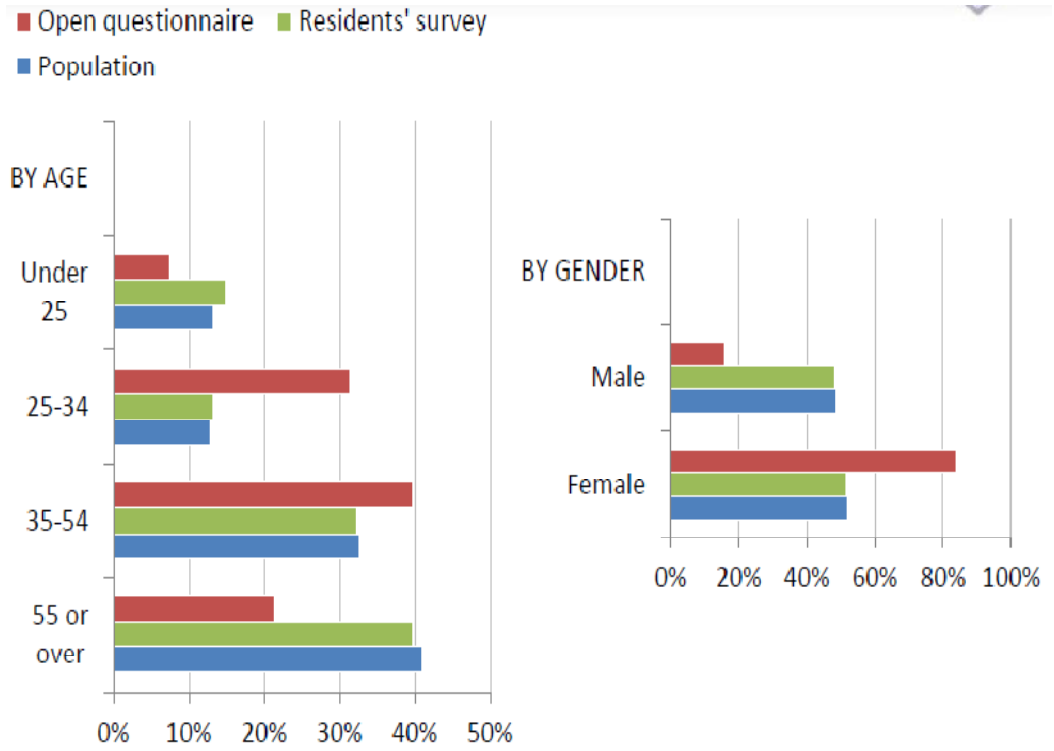
An issue arose during the consultation in relation to Royal Mail deliveries to the Health Board's FREEPOST address. It is believed a small number of written submissions may not have been delivered.

Royal Mail has written to apologise for this failure and their own investigation is ongoing. Any undelivered mail which included a return address, whether externally or within the correspondence, will have been returned to sender.

The Health Board was proactive in publicising the problem and encouraged anyone who may have been concerned that their submission had not been received to contact us and to confirm receipt. The issue and the response was discussed and agreed with the Consultation Institute and the Health Board's response was viewed to be reasonable and proportionate to the issue.

2.6.2 Analysis of the Responses Received

A full analysis of the feedback received has been prepared by ORS and this can be found at Annex A. In terms of participation the following describes the age and gender of respondents to the questionnaire and residents survey:



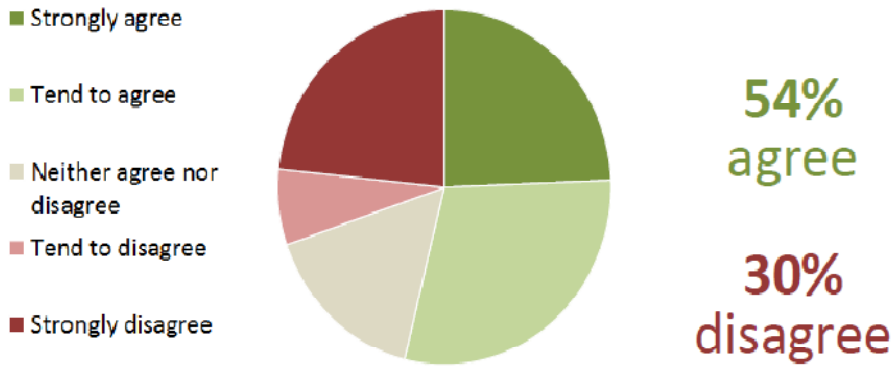
The "population" is based on North Wales and relevant areas in neighbouring authorities that may use the services affected

This shows that questionnaire responses are not wholly representative of the overall population but the residents' survey is more representative across all age groups and gender.

The following sections provide some headlines in terms of the key issues identified.

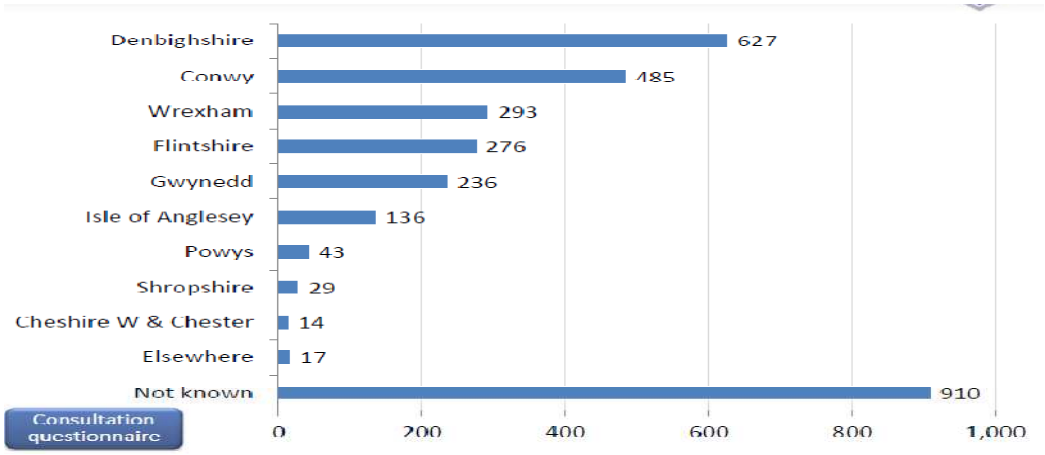
2.6.2.1 Residents Survey

This survey asked views on whether a temporary change was needed and asked participants to express to what extent they agreed or disagreed that a temporary change was needed:

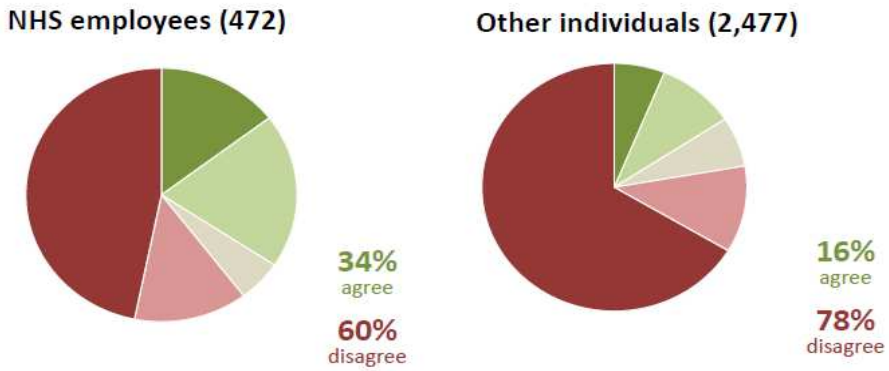


2.6.2.2 Consultation Questionnaire

The following graph shows responses by local authority area



In terms of views expressed through the questionnaire on whether temporary change is needed.



Consultation questionnaire

Organisations: 5 agree, 18 disagree

Differing views were expressed and in different proportions depending on the method of the feedback being obtained. A summary of the key themes and the Health Board's response is at Section 4.7.

2.6.2.3 Options – First Preferences

A range of views were expressed through the Residents Survey and Consultation Questionnaire:

	Household survey (489)	Consultation questionnaire		
		Organisations (22)	NHS Employees (441)	Other Individuals (1,784)
Option 4 *(preferred)* Temp change to maternity services at Ysbyty Glan Clwyd	27%	n=6	31%	12%
Option 1 Continue to manage risks across the 3 sites	55%	**n=14**	**55%**	**76%**
Option 2 Temp change to maternity services at Wrexham Maelor	8%	-	9%	7%
Option 3 Temp change to maternity services at Ysbyty Gwynedd	5%	-	2%	2%
Another option	6%	n=2	3%	2%

Household survey | Consultation questionnaire

In terms of options for change only:

	Household survey (489)	Consultation questionnaire		
		Organisations (9)	NHS Employees (330)	Other Individuals (885)
Option 4 *(preferred)* Temp change to maternity services at Ysbyty Glan Clwyd	59%	n=8	55%	38%
Option 2 Temp change to maternity services at Wrexham Maelor	26%	-	36%	44%
Option 3 Temp change to maternity services at Ysbyty Gwynedd	15%	N=1	10%	18%

A more detailed assessment of the key themes raised during the consultation is included at Section 4.

2.6.3 Health Impact Assessment (HIA)

An independent, comprehensive and participatory stakeholder health impact assessment was commissioned by BCU HB from the Welsh Health Impact Assessment Support Unit (WHIASU) and Public Health Wales. This HIA included a one day participatory HIA workshop which synthesised all the evidence, data and supporting information which was gathered as part of the broad ranging consultation which took place on 23 October 2015.

The HIA aimed to assesses any potential positive health and wellbeing impacts - both physical and mental – and/or any unintended consequences or negative impacts of the options for temporary change. It was an inclusive process that involved all the key stakeholders including service users, service managers, health care professionals, third sector and community representatives.

Details of the identified impacts are at Section 4 and the full report of the assessment is included at Annex B.

2.6.4 Equality Impact Assessment (EqIA)

In addition to the general consultation distribution plan, consultation materials were sent directly to the following in order to reach representatives of protected characteristic groups:

- Equality & Human Rights Strategic Forum
- Equality & Human Rights Stakeholder Group
- BCU HB Equality Stakeholder Database
- North Wales Public Sector Equality Stakeholder Database
- Communities First Cluster Leads
- Local Service Boards
- Health and Well-being Partnerships
- Children & Young People's Partnerships
- County Voluntary Councils' circulation lists

The public meetings were all held in accessible venues, with simultaneous translation and hearing induction loop available at each meeting. The publicity materials for the meetings invited people to let the Health Board know of any specific needs. A British Sign Language (BSL) interpreter was available at the Wrexham sessions following expressions of interest in attending from members of the deaf community. Equality monitoring forms were provided at all public meetings, although unfortunately the level of completion was too low to provide any useful breakdown of participation.

In relation to activities specifically targeted at equality groups the following was undertaken:

- A presentation was made to the Equality & Human Rights Stakeholder Forum as part of the engagement programme.
- Information was provided for a stand at the North Wales Public Sector Equality Network day.
- Information was shared through representatives of North Wales Regional Equality Network (NWREN).
- Specific service user groups were targeted through liaison staff such as the Learning Disability Liaison nurses, who forwarded the easy read information to service user groups.
- In liaison with some of the Local Authority Young People's Participation Officers, a discussion session was held with Flintshire Youth Forum. Following this, a representative of the Forum was invited to the HIA workshop.
- During the consultation period, a number of listening events were held with different groups where the women's and maternity services consultation information was shared and responses invited, including groups for older people and Lesbian, Gay, Bisexual and Transgender (LGBT) groups.
- We are grateful to everyone who gave the consultation team access to their groups and to NWREN's development officer who sought the views of a group of Polish women.
- The bilingual easy read information was used by a community participation officer to engage with a group of older people.

Equality monitoring questions were included within the questionnaire and whilst not completed by all, the information received gives a reasonable indication of the spread of responses.

- The open questionnaire analysis shows a spread of responses across age groups, with 7.5% from under 25 year olds; 31.4% from 25-34 year olds; 39.8% from 35-54 year olds and 21.3% from people aged over 55.
- More responses to the open questionnaire were received from women (83.9%), as might be expected given the subject of the consultation, than men (16.1%.)
- 26.1% of those responding were currently pregnant or providing care for a baby.
- 2.4% of those completing the monitoring forms identified themselves as other than white.

As noted earlier in this paper, an initial Equality Impact screening was undertaken prior to launch of the consultation. The Equality & Human Rights Scrutiny Task & Finish Group recommended that the work proceed to full assessment and subsequently advised on the full assessment process.

The Scrutiny Task & Finish Group identified the following issues of significance from the assessment process.

1. The Health Board is responsible for ensuring due regard is given to equality and human rights considerations and agreeing any mitigating actions to be put in place, should there be a decision to change the service on a temporary basis.

2. Negative impacts on protected characteristic groups have been identified. EqIA screening and full Impact Assessments have identified the need to consider the potential impact on choice, travel, transport, and access to services as key issues for patients, families, carers and staff. It is paramount that socio economic issues, poverty and deprivation informs decision making.

3. Further information has been gathered through consultation to support consideration of the impact on protected characteristic groups such as disabled people and people with sensory impairment, people with a learning disability, black and minority ethnic groups amongst others. Some of the greatest concerns expressed relate to access, travel and transport. Further review of the evidence on the impact of travel and distance on outcomes in respect of maternity in particular is necessary.

4. Consideration must be given to the impact of changes on disabled service users including pregnant women with mental health problems or those who suffer post natal depression, who may through receiving a service at another

site be removed from their normal support network of family, friends and carers. Similarly the impact in terms of ethnicity if service users are required to travel to another site and are removed from their support network must be considered. This may also include an impact on the protected characteristic of religion or belief if support from a Faith community is harder to access.

5. From the information reviewed, that there did not appear to be significant differential in the impact between options for change (i.e. options 2, 3 and 4.)

6. There are mitigating actions that can be put in place in the short term to support individuals, such as advice and support in making convenient appointments and identifying travel routes, additional support to WAST, and consideration of financial support to those in hardship. For the longer term, every consideration must be given to:

    - reviewing transport links to the new service sites
    - identifying actual and potential problems with current public transport arrangements
    - working with patients, families, carers, partners and staff to identify what support mechanisms would have the biggest mitigating impact

7. Opportunities for on-going stakeholder engagement have been identified; these will include developing networks with voluntary groups to support the needs of women and their families. This will provide a means of fostering improved relationships with these groups.

8. There are some areas where data is not available or not available at a local level. Where there are gaps in information it is necessary to seek to address these through ongoing involvement with interested groups during the implementation phase of any change.

9. The Secondary Care Directorate responsible for implementation of any service change must ensure that a plan is developed to address identified mitigating actions in response to the needs of their local communities, that the plan is implemented and kept under review.

The Equalities Task & Finish Group agreed to scrutinise the action plan at a future meeting to provide assurance that it is responsive to the outcome of the EqIA.

The full Equality Impact Assessment is at Annex C; details of the impacts and potential mitigating actions identified currently are included in Section 4.

2.6.5 Quality Impact Assessment

Details of the work undertaken on the QIA are at Section 4 (the full document is at Annex D.

2.7 COMPLIANCE ASSESSMENT

The purpose of this section of the report is not to draw a conclusion in terms of the decision the Board is required to make. It is intended to provide assurance to the Board that the process of consultation was inclusive, accessible, met the expectations of the Guidance, met legal requirements and achieved the objectives outlined in the Consultation Mandate.

2.7.1 Delivery of Consultation

This Section demonstrates the range of materials produced and the level of engagement with the public and stakeholders all of which were aimed at ensuring the process was fair, reasonable, proportionate, equitable and accessible. The following sections test delivery against the relevant standards.

2.7.2 Guidance

The Guidance requires a 2 Stage process; the first is pre-consultation activity described in Section 2.3.2 and the second is the formal consultation process.

The requirements in relation to the process of consultation are not specific in relation to the way it is undertaken other than the expectation that the views of opinion formers and the leaders within the community such as Assembly Members, local and community councillors, patient groups, professional organisations and relevant voluntary groups and those who may be affected by possible changes are sought. In addition, there are a number of requirements relating to issues to be considered and the content of consultations documents.

The paper presented to Board on 18 August 2015 addressed these requirements and were considered by the Board in approving the consultation.

The consultation gave all sections of the community the opportunity to participate and the ORS analysis of the feedback received and submissions from all levels of opinion formers and professional bodies illustrates that this was achieved.

The guidance also requires close liaison with the Community Health Council and this was achieved through their involvement in the Project Group and through their own Strategic Planning Group.

The CHC has written separately to the Health Board and stated:

".... the CHC is satisfied that it has been meaningfully involved in the preparation and delivery of the above consultation; as agreed at the joint meeting with the Health Board, the CHC and the BMA.

We were given opportunities to influence the style and presentation of the consultation document (but not, of course, the content) and many of our suggestions were incorporated.

The CHC regards the delivery of this consultation as being informed by best practice and current guidance. The CHC suggested the use of social media and a smartphone app as being particularly appropriate in trying to reach young mothers and this was done. BCUHB also acted on our recommendations of a radio advertising campaign and additional venues. The Mid-Point Review was welcomed as it gave an opportunity to review, refocus and address any areas needing additional effort. We also commend the involvement of the Consultation Institute."

The main conclusions from their post-consultation report are as follows:

- The CHC finds it impossible to support or reject any of the four options in the consultation paper
- The CHC has concerns about the lack of independent evidence in support of the Health Board's proposals taking into account the criteria of risk, quality and safety, effectiveness and efficiency, the nature of the "temporary changes" to services, staffing and the proposal for temporary changes to breast services
- The CHC recognises the Health Board's right to rely on its own clinicians' advice and that the Health Board must take responsibility for doing so. However, the CHC would like to see an independent element concerning the decisions to the long term future of the services
- The CHC believes the process of the consultation undertaken by the Health Board has been in line with Guidance and good practice
- The CHC believes that, in communicating the consultation, the potential "reach" (i.e. numbers of people who could be informed by the Health Board that the consultation was taking place) was significant. It is disappointing that the numbers of people who engaged in the process was low.
- The CHC believes that the lack of credibility surrounding the Health Board in special measures has been a contributory factor in the low numbers of people engaging in the consultation process
- The CHC believes that it has been meaningfully involved in the preparation and delivery of the consultation
- The CHC believes it has been given opportunities to influence the style and presentation of the consultation document (not the content). Some – but not all of the CHC's suggestions were incorporated

- The CHC believes that the Health Board's preferred option will be detrimental to the success of a Business Case in support of the SuRNICC at Ysbyty Glan Clwyd
- Whatever decision is made by the Health Board following this consultation, the CHC does not intend to refer this decision to the Minister for Health and Social Services. Our previous referral was on the basis that we wanted the citizens of North Wales to be consulted on these major changes. That has been achieved
- The CHC believes that its previous referral has given the public the opportunity to be consulted. We have encouraged the public to have its say on the Health Board's proposals and to articulate views and opinions as clearly and in as much detail as possible.
- The CHC does not have an alternative proposal to the options presented by the Health Board. Guidance issued by the Minister for Health and Social Services suggests that the CHC cannot call for a status quo.

The full report is included at Annex E.

2.7.3 Gunning Principles

As described earlier in this paper, one of the recognised legal tests for consultation is meeting the Gunning Principles. The following sections outline how the Health Board has met these.

- **Consultation must be undertaken when proposals are still at a formative stage**

  In view of the Court Order (Section 2.2.6 above) this requirement has largely been made academic. The Judicial Review application was based on the Health Board's failure to consult prior to the February 2015 decision to make temporary changes to the service and the consent Order set out the terms of the agreement to undertake a consultation if a temporary change was required. The Board rescinded the February decision and committed to opening up the consultation to a broader range of options, as agreed with the Judicial Review applicants.

  The main issue for the Health Board to address therefore has been to ensure that the consultation gave the wider population the opportunity to influence the outcome.

  The consultation mandate made it explicit which areas of potential service reconfiguration were open to influence (see Section 2.4.1).

  Although a preferred option was declared it was entirely appropriate to do this without it having an impact on whether the process was a "fait accompli". It was judged to be more honest to confirm that the Board had a preferred

option so that the public were aware of what was in the Board's minds. The test for the Health Board is to demonstrate that it has been open to alternative proposals and to evidence how these have been considered.

In so far as this Principle applies to this consultation every effort has been made to give the population the opportunity to participate and thereby influence the decision.

- **There must be sufficient reasons given for the proposals to allow "intelligent consideration"**

  Section 2.5.1 describes the range of materials produced to support the consultation. The aim was to provide information that would help respondents come to an informed conclusion.

  During the process a number of questions were raised in terms of the evidence base and information provided and where possible these were responded to or the alternative evidence put forward considered.

- **There must be adequate time for both consultation and response**

  The decision for a six week consultation was based on a number of factors.

  Agreement had been reached with the CHC that this was adequate recognising that this was the minimum period recommended by the Guidance and the generally accepted minimum in relation to "legitimate expectation".

  As a result of the initial Board decision in February 2015, there was a wide awareness of the issues about the Obstetrics and Gynaecology service amongst the public. There was significant media coverage and activity by a number of lobby groups both in terms of maternity services and breast services.

  Also, every effort had been made following the Board's February decision to undertake an information giving campaign to ensure there was an understanding of the impact of the temporary changes with regular stakeholder updates from the Implementation Group and the production of Patient Information Materials (such as the Choice Booklet for mums-to-be).

  In addition, the length of the consultation period was proportionate to the potential changes being proposed. The proposal was a temporary change to a service for as short a time as possible and therefore a longer consultation period was not considered to be proportionate or reasonable.

  A short extension of a week was granted for the receipt of postal submissions beyond the planned end date of 5 October 2015. In addition, recognising the

issue in relation to the Royal Mail Freepost address, efforts had been made to give respondents who might have used this channel early in the consultation the opportunity to resubmit their correspondence.

A small number of requests were received asking for a further extension to the consultation. Given the agreement with the CHC and the temporary and immediate nature of the changes being proposedit was considered that the six week period was adequate. However, a further week's grace was allowed following the formal close date for the consultation for receipt of any delayed responses.

- **Consultation feedback must be taken conscientiously into account**

  This paper describes the headlines in terms of the feedback received and the impacts identified through the various assessment processes.

  The ORS analysis, the Equality Impact Assessment, the Health Impact Assessment and the Quality Impact Assessment have all informed the recommendation being made and all are included to support this paper. With the exception of the ORS report, all the information was also available to participants in the Option Appraisal workshop.

  In reaching a decision, the Board will need to consider the recommendation against all the evidence presented and may require any negative impacts identified against the recommended option to be mitigated to some degree if that option is supported for implementation.

2.7.4 Consultation Institute Assurance

The Institute has monitored delivery of the consultation process and to date has reached the following conclusions:

- Pre-consultation Planning – met Good Practice Standards
- Consultation Plan – met Good Practice Standards
- Consultation Delivery – met Good Practice Standards
- Post-Consultation Process – assessment ongoing

This is independent assurance that the process of consultation has been conducted appropriately and in line with accepted standards for such processes.

2.7.5 Compliance with Court Order

As described at Section 2.2.6, the Health Board was required to undertake a consultation on whether there was a requirement to make a service change and that the process should be undertaken in line with our statutory duties (including in relation to the public sector equality duty).

The evidence presented above illustrates how every effort has been made to undertake a robust consultation in line with all legal and statutory duties.

The Consultation Institute continues with its Quality Assurance process and will issue a final assessment following the Board's decision. At this stage no significant concerns have been raised in relation to the conduct of the consultation. Any issues raised during the consultation by the Institute were addressed with their guidance.

Full compliance with the Court Order will only be achieved once the Board has made its decision taking into account all the evidence which includes the Equality, Health and Quality Impact Assessments.

SECTION 3

ASSESSMENT OF SERVICE ISSUES

3.1 BACKGROUND

After the Board decision made in February 2015 to implement urgent change, significantly increased risk management processes were initiated to assess ongoing service risks and to put in place the appropriate mitigation. These arrangements commenced in May 2015 and continue to date.

3.2 SERVICE MONITORING GROUP

The initial focus of the Monitoring Group was on four key identified risks:

- Medical staffing rotas were at risk of imminent collapse on at least 2 of the 3 hospital sites.
- Middle grade staffing rotas were compromised due to the difficulties in recruiting to vacant posts, existing staff taking annual leave, and the paucity of suitable agency locum doctors.
- The midwifery establishment was not aligned to current service needs and demands
- Midwives would not be compliant with the Nursing and Midwifery Council (NMC) Code (2015) and would potentially be unable to comply with midwifery revalidation.

As part of the Monitoring Group's arrangements, daily, weekly and monthly dashboards are produced, triggered by staffing levels and the ability to maintain safe services. The dashboards include information on the following:

- Confirmation of handover arrangements.
- Staffing levels for medical and midwifery services (assessed at handover, 4 times each day).
- Monitoring of locum, agency and bank staff usage for each shift.
- Sickness and referrals to Occupational Health.
- Escalation procedures and unit closures for both Obstetric and Neonatal units.
- Datix reporting, complaints and incidents – the Health Board's electronic database of all concerns and risks.

In addition to the weekly Monitoring Group meetings, regular assurance reports are presented to the Quality, Safety and Experience sub-committee.

The main risk issues have been around maintaining safe staffing levels, and the risks that are associated with sub-optimal staffing, particularly with midwifery and medical staffing.

3.3 MITIGATING ACTIONS

A range of mitigating actions were put in place as follows.

3.3.1 Midwifery

The recruitment of 27wte midwives between June and September 2015 has maintained the Health Board's Birth Rate Plus compliance in line with the requirements of the Maternity Strategy for Wales (2011). This has reduced the escalation of community midwives to support the service during periods of high demand in the acute units and has supported the release of substantive midwifery staff to attend their mandatory training.

The Health Board appointed 11wte midwives above the recommended Birth Rate Plus compliance level, to allow midwives to attend mandatory training days. Training compliance for this staff group was reported as 82% at the end of November 2015, with full compliance projected for the end of January 2016.

All new midwifery starters have completed the annual 4 day mandatory training programme within their 4 weeks supernumerary induction programme, and they will be in a position to contribute fully to the midwifery staffing establishment from the 3rd week in December. This will negate the need to use agency midwives to support the continuity of maternity services in North Wales. It is not anticipated that any agency midwife support will be required beyond the end of December 2015.

To enhance the service, particularly with a focus on promoting normality in pregnancy, the appointment of a Consultant Midwife in December 2015 will provide the clinical leadership required to drive the normality agenda within the service in North Wales.

3.3.2 Medical staffing

Within the 3 tiers of medical staffing, the key risks have related to the maintenance of middle grade rotas.

Throughout the whole of 2015, a number of actions have been taken seeking to improve the middle grade staffing position, including:

- **A rolling recruitment programme for middle grade posts.**
  Although some appointments have been made, some staff have also left BCU. Despite numerous attempts at recruitment, the number of traditional middle grade doctors appointed resulted in a net gain of only 1wte.

- **The Recruitment of resident consultants to fill gaps on middle grade rota out of hours**
  The Health Board has successfully recruited an additional 7 consultants, who will work to support the middle grade rotas out of hours, contributing 3.5 on call slots per week. When these are added to the middle grade rotas on each site, combined with the continued employment of long-standing locum staff, services can attain 1:9 rotas in Ysbyty Gwynedd and Wrexham, and 1:7 in Ysbyty Glan Clwyd, (with a fully-compliant rota being 1:8). The vacancy level for short-term locum positions will therefore fall to below 25% on all 3 hospital sites before the end of January.

The comparison of the medical staffing position by staffing tier and site across 3 reference points in 2015 demonstrates that little progress had been made in appointing to substantive posts:

	FEBRUARY 2015					
Site	**Consultant**		**Middle grade**		**1st on call**	
	%	**Vacant Posts WTE**	**%**	**Vacant Posts WTE / Required number for rota**	**%**	**Vacant Posts WTE/ Required number for rota**
Wrexham	0	0	42.22	3.8 / 9	0	0 / 9
Ysbyty Glan Clwyd	0	0	43.75	4.5 / 8	37.5	3 / 8
Ysbyty Gwynedd	0	0	33.33	3 9	22.2	2[11] / 9
BCU total	0	0	37.6	11.3 / 24	16.6	5 / 24

The Health Board was establishing training rotas at a ratio of 1:11 in line with Deanery requirements. As a result, the planned increase in rota numbers was agreed between the Health Board and the Deanery, so that on the two training sites, there would be an incremental increase in medical staffing numbers from 8 to 9 in August 2014, rising to 11 in February 2015. The rota gaps referenced in this paper are reflective of the agreed staffing position at that time.

This led to a deteriorating overall position with regard to the total number of vacancies.

[11] Rota supplemented by Midwives in Advanced Clinical Practice, covering the rota out-of hours.

Site	JUNE 2015					
	Consultant		Middle grade		1st on call	
	%	Vacant Posts WTE	%	Vacant Posts WTE/ Required number for rota	%	Vacant Posts WTE/ Required number for rota
Wrexham	0	0	58.18	6.4 / 11	0	0 / 11
Ysbyty Glan Clwyd	0	0	43.75	3.5 / 8	37.5	3.5 / 8
Ysbyty Gwynedd	0	0	63.63	7 / 11	63.63	7[12] / 11
BCU total	0	0	59.6	17.9 / 30	35	10.5 / 30

Despite the concerted recruitment campaign, the September 2015 position was largely unchanged from the earlier reference period:

	SEPTEMBER 2015					
	Consultant		Middle grade		1st on call	
	%	Vacant Posts WTE	%	Vacant Posts WTE/ Required number for rota	%	Vacant Posts WTE / Required number for rota
Wrexham	0	0	49	5.4 / 11	0	0 / 11
Ysbyty Glan Clwyd	0	0	43.75	3.5 / 8	56.25	4.5 / 8
Ysbyty Gwynedd	0	0	54.5	6 / 11	54.5	6 11
BCU total	0	0	48	14.4 / 30	33.33	10 / 30

3.4 CURRENT POSITION

As a result of continued efforts to recruit the position in terms of projected medical staffing has significantly improved:

[12] Advanced practice midwives supporting the midwifery staffing numbers, therefore unable to work on the 1st on-call rota.

	PROJECTED JANUARY 2016 POSITION					
	Consultant		Middle Grade		1st on call	
	%	Vacant Posts WTE	%	Vacant Posts WTE / Required number for rota	%	Vacant Posts WTE / Required number for rota
Wrexham	0	0	12.72	1.4 / 11	0	0
Ysbyty Glan Clwyd	0	0	6.25	0.5 / 8	56.25	4.5 / 8
Ysbyty Gwynedd	0	0	22.72	2.5 / 11	36.3	4 / 11
BCU total	0	0	14.66	4.4 / 30	26.66	8 / 30

This projection is based on the following assumptions:

- That all 7 of the resident consultants appointed take up their posts. The necessary paperwork and checks have been completed for all the new starters, and the Health Board is not anticipating any last minute withdrawals.
- Each site maintaining some long-term locum use. The medical staff currently filling these positions are well-established within the service, and their continued appointment is not perceived to be a risk.
- Advanced practice midwives will resume their role supplementing the Tier 1 rota in Ysbyty Gwynedd from January 2016, as a result of the newly-appointed midwives taking up their permanent positions.

Further work will be required to continue recruiting to the remaining vacancies. However, in terms of covering the emergency and out of hours aspects of the service, the medical staffing position going into January 2016 is much more robust than at any time over the past few years.

The overall reduction in middle grade vacancies from the June 2015 position of 17.9wte overall to 14.4wte in September is supplemented by the introduction of resident consultants and retaining long-term locums.

The appointment of resident consultants will facilitate more senior decision making in support of both the emergency and elective services. However, due to the nature of the consultant contract in Wales, the newly-appointed consultants will not be able to contribute fully to the consultant workload.

This will mean that capacity to deliver inpatient elective gynaecology services will not be sufficient to meet need and therefore some patients will be required to access their planned surgery outside North Wales.

In 2014/15, 600 Gynaecology referrals were outsourced from North Wales due to capacity issues and an inability to meet demand. It is not expected that this position will improve until permanent sustainable service models are developed.

SECTION 4

REVIEWING THE OPTIONS

4.1 BACKGROUND

Following the close of the formal consultation period on 5 October, and the week's grace to allow any late submissions, the Health Board has been considering the evidence gathered from all channels of consultation and from the additional evidence gathered during this period.

In the consultation it was confirmed that the criteria that would be used to consider the options again before the Board made a decision were:

- **Quality and safety** - services meet standards, minimise risks to patients and patients have a good experience
- **Sustainability** - that there is significant improvement in our ability to manage risk during the period of temporary service provision
- **Delivery** - that we can actually deliver what we say we will
- **Accessibility** - services are equally available for everyone, are able to be reached, and at the time that they are needed.

These criteria were developed with input from stakeholders and clinicians during previous discussions as part of the planning work undertaken on sustainable services (see Section 2.3.1).

The Board needs to consider how affordable proposals are, but this is not the primary consideration. The over-riding concern is that services of appropriate quality can be provided within the resources available.

The main driver for the consultation was the concern expressed by senior clinical leaders about whether maternity services could continue to be provided in the same way. Earlier in 2015 there was a discussion about whether there was a need to change services temporarily to reduce risks to patient safety. The view of the clinical leaders within the Health Board was that the risks to mothers and babies from trying to keep the services running in the same way were greater than the risks there might be from a temporary change to services.

4.2 OPTIONS APPRAISAL WORKSHOP

Following the end of the consultation period (5 October 2015) a period of gathering further evidence and information, a group of senior clinicians and managers were identified through the secondary care division and asked to participate in a review of the options in the light of the current known evidence. The workshop was held on 23 November 2015.

In addition to technical papers and supporting evidence available during the consultation, background information used to support the appraisal was distributed to the participants before the meeting. These included:

- Significant submissions received during the consultation
- The Health Impact Assessment report
- The final draft Equality Impact Assessment report
- The initial draft Quality Impact Assessment report

Further information provided on the day included:

- Analysis of drivetimes for the North Wales population and for Powys and Shropshire residents who use BCUHB services
- Mapping of the Welsh Index of Multiple Deprivation for North Wales and Powys
- Participants in the workshop were updated on details of medical staff vacancy rates

4.3 ASSESSING THE CRITERIA

The group was asked to review the options against the ***non-financial*** assessment criteria set out above. The criteria were weighted based on the discussions with stakeholders which had taken place previously (which can be found on the Sustainable Services webpages) and also consideration by the clinical executives of the Health Board.

In brief, the criteria and their weightings were:

Quality and safety	35.7
Deliverability	25.5
Sustainability	20.4
Accessibility	18.4

The consideration of the criteria prior to the consultation had shown a clear priority for quality and safety above all other factors. This was consistent across all groups.

Accessibility was also seen as very important amongst some groups and in particular lay representatives. This has also emerged as a key theme during the consultation. Because of the importance of this criterion, in the sensitivity analyses, one analysis was undertaken with the relative weightings switched and the scores reassessed with accessibility as the highest weighted criterion. A description of the sensitivity analysis is given below.

Each of the criteria also has detailed sub-criteria which are set out the Appendix to this Section.

The sub-definitions were scored, with 1 being the lowest score and 10 being the highest. A weighting was applied to these to ensure any bias caused by having more sub-criteria in some areas than others was eliminated. The weighting for the criteria were then applied to produce a total score.

Sensitivity testing was then carried out to test for any unintended bias in the weighting or scoring.

It should be noted, and was clarified at the workshop, that the scoring against the options appraisal criteria and the prioritised rankings arising from this are only part of the information which the Health Board will consider in making its final decision.

The outputs of the scoring exercise are summarised below.

1. Original weighted criteria

SUMMARY		OPTIONS							
		1		2		3		4	
MAIN CRITERIA	**i) Weighting**	**ii) Score**	**Weighted score** (i x ii)	**Score**	**Weighted score**	**Score**	**Weighted score**	**Score**	**Weighted score**
1. Quality & Safety	*35.7*	724	25864	517	18465	472	16860	552	19719
2. Deliverability	*25.5*	779	19876	499	12726	470	11988	538	13717
3. Sustainability	*20.4*	698	14243	430	8768	392	8002	481	9815
4. Accessibility	*18.4*	808	14839	446	8193	362	6640	472	8674
TOTAL	100	3009	74822	1892	48152	1696	43491	2043	51925
Scores scaled for readability			748		482		435		519
RANK		1		3		4		2	

Sensitivity analysis was undertaken to test the impact of changes to the weighting of criteria upon the overall scoring. Sensitivity scenarios and their impact on the outcomes are shown below

2. Equal weighting

SUMMARY		OPTIONS							
		1		2		3		4	
MAIN CRITERIA	**i) Weighting**	**ii) Score**	**Weighted score** (i x ii)	**Score**	**Weighted score**	**Score**	**Weighted score**	**Score**	**Weighted score**
1. Quality & Safety	*25.0*	724	18105	517	12926	472	11802	552	13803
2. Deliverability	*25.0*	779	19478	499	12471	470	11748	538	13442
3. Sustainability	*25.0*	698	17448	430	10741	392	9803	481	12023
4. Accessibility	*25.0*	808	20197	446	11151	362	9038	472	11807
TOTAL	100	3009	75228	1892	47289	1696	42391	2043	51076
Scores scaled for readability			752		473		424		511
RANK		1		3		4		2	

3. Excluding top ranked criteria

SUMMARY		OPTIONS							
		1		2		3		4	
MAIN CRITERIA	**i) Weighting**	**ii) Score**	**Weighted score** (i x ii)	**Score**	**Weighted score**	**Score**	**Weighted score**	**Score**	**Weighted score**
1. Quality & Safety	*0.0*	724	0	517	0	472	0	552	0
2. Deliverability	*39.7*	779	30918	499	19795	470	18648	538	21337
3. Sustainability	*31.7*	698	22156	430	13640	392	12448	481	15267
4. Accessibility	*28.6*	808	23082	446	12744	362	10329	472	13494
TOTAL	100	3009	76157	1892	46179	1696	41426	2043	50098
Scores scaled for readability			762		462		414		501
RANK		1		3		4		2	

4. Switch weighting of top 2 criteria

SUMMARY		OPTIONS							
		1		2		3		4	
MAIN CRITERIA	**i) Weighting**	**ii) Score**	**Weighted score** (i x ii)	**Score**	**Weighted score**	**Score**	**Weighted score**	**Score**	**Weighted score**
1. Quality & Safety	*25.5*	724	18474	517	13190	472	12043	552	14085
2. Deliverability	*35.7*	779	27826	499	17816	470	16784	538	19203
3. Sustainability	*20.4*	698	14243	430	8768	392	8002	481	9815
4. Accessibility	*18.4*	808	14839	446	8193	362	6640	472	8674
TOTAL	100	3009	75383	1892	47966	1696	43469	2043	51778
Scores scaled for readability			754		480		435		518
RANK		1		3		4		2	

5. Switch weighting of criteria 1 (Quality & Safety) and 4 (Accessibility)

SUMMARY		OPTIONS							
		1		2		3		4	
MAIN CRITERIA	**i) Weighting**	**ii) Score**	**Weighted score** (i x ii)	**Score**	**Weighted score**	**Score**	**Weighted score**	**Score**	**Weighted score**
1. Quality & Safety	*18.4*	724	13302	517	9497	472	8671	552	10141
2. Deliverability	*25.5*	779	19876	499	12726	470	11988	538	13717
3. Sustainability	*20.4*	698	14243	430	8768	392	8002	481	9815
4. Accessibility	*35.7*	808	28853	446	15930	362	12911	472	16867
TOTAL	100	3009	76274	1892	46921	1696	41573	2043	50540
Scores scaled for readability			763		469		416		505
RANK		1		3		4		2	

4.4 KEY THEMES FROM THE QUALITY IMPACT ASSESSMENT (QIA)

4.4.1 QIA Process

Quality Impact Assessment covers three domains – patient safety; clinical effectiveness; and patient experience. It is important that the QIA considers potential impacts from a patient perspective.

The QIA process was led by the Project and Clinical Leads and builds upon earlier assessment of the quality issues relating to each of the options for change. The feedback received from engagement with service users, the public, clinical and non-clinical staff was used to shape the final QIA.

Comments from the workshop held on 23 November with senior clinicians and managers were also fed into the assessment. The assessment has been signed off by the Secondary Care Medical Director and approved by the executive Medical Director.

The Quality Impact Assessment (QIA) that has been undertaken focused on a number of themes, which were informed by feedback throughout the consultation and other evidence gathered.

The themes identified are set out below. For each option, the main quality impacts that have been identified in relation to each theme are described, together with mitigating actions that can be put in place to address the impacts.

Strategy
1. Place the needs of mothers and families at the centre of service design
2. Ensure gynaecology services are provided in line with "High Quality Women's Health Care" (RCOG, 2011)
3. Ensure Breast Surgery is conducted in line with best practice
4. High quality, safe neonatal services are delivered in accordance with all Wales Neonatal standards
5. Ensure key service interdependencies are addressed in any service change

Safety
1. Access to services*

Quality
1. Access to services*
2. Provide a range of high quality choices of care
3. Ensure Welsh Language Act and impact on local populations are observed**
4. Ensure that specific protected characteristic groups are considered in service delivery**

Workforce
1. Ensure sufficient staff are available to meet core service requirements
2. Impact on staff
3. Education / training

***** Access to services was judged to fall within the themes of both safety and quality and so is referenced on the QIA document as Safety 1 / Quality 1

** The impacts in relation to the Welsh Language and the equality protected characteristic groups are addressed in the Equality Impact Assessment which is attached as Annex C.

The residual risks in each of the three domains (patient safety, clinical effectiveness and patient experience) are then scored.

There are differential impacts identified under each theme for each of the options. It is important that the Board considers the relative level of risks in each theme for each of the options.

The full QIA document is attached as Annex D.

4.4.2 Key Messages

The following headline issues identify some high level impacts but do not fully reflect the depth of analysis contained with the full QIA.

All options

- Midwifery services will be BirthRatePlus compliant.
- Inpatient nursing ratios will remain CNO staffing compliant.
- Womens' community services will be unaffected.
- All options retain birthplace choices for women within N Wales.
- Some elective Gynaecology will need to be provided in NW England, albeit the impact will be greater in option 1.

Option 1

- No change to the current service configuration with the clinical risks identified continuing to be managed under the current processes.
- Will maintain current access through consultant-led Obstetrics on 3 sites.
- Will require continued management of risks including medical staffing, and will not be sustainable in longer term.
- Will not have a negative impact on the current provision of breast services.
- No impact on the development of the SuRNICC.

Option 2

- More robust Obstetric medical rotas
- Additional maternity activity would need to be provided in the Countess of Chester Foundation Trust (circa 1000 deliveries per annum)
- Obstetric care for Powys and N Shropshire women would not be provided at Wrexham leading to greater travel distances
- Some risks of destabilisation of breast services
- Risks arising from increased neo-natal activity at YGC

Option 3

- More robust Obstetric medical rotas
- Increased travel time for women from Gwynedd and Anglesey for Obstetric care
- Some risks of destabilisation of breast services
- Increased travel for patients in the West requiring Gynaecology cancer service at Wrexham

Option 4

- More robust Obstetric medical rotas
- Some increased travel time for women in the Central area (including N Denbighshire) for Obstetric care
- Some risk of destabilisation of breast services

4.5 KEY THEMES FROM HEALTH IMPACT ASSESSMENT (HIA)

The HIA participants identified several positive impacts on health and wellbeing for all of the proposed options. Those identified in the report include:

- The creation of a critical mass of expertise at two Centres
- A decision would lead to stability and this could facilitate recruitment and the retention of existing staff
- Clinical safety
- Options 2, 3 and 4 were considered more favourable for the siting and provision of some services than others i.e, Option 2 was considered by some participants to be favourable for Breast Services which would be based in Ysbyty Wrexham Maelor.

The HIA participants also identified many unintended consequences and detrimental impacts of the proposed options. These included:

- Increased travel distance and time impacts for health care professionals, the Welsh Ambulance Service Trust (WAST) and service users and the associated increased stress and costs of this
- The implications of changes for health care professionals and their patients of any reconfiguration of services and the disruption which this would create
- A significant impact on Breast Surgery and associated services and any siting at one hospital
- A significant impact on vulnerable groups in the population of North Wales.

4.6 KEY THEMES FROM EQUALITY IMPACT ASSESSMENT (EQIA)

- Negative impacts on protected characteristic groups have been identified. EqIA screening and full Impact Assessments have identified the need to consider the potential impact on choice, travel, transport, and access to services as key issues for patients, families, carers and staff. It is paramount that socio economic issues, poverty and deprivation informs decision making.

- Further information has been gathered through consultation to support consideration of the impact on protected characteristic groups such as disabled people and people with sensory impairment, people with a learning disability, black and minority ethnic groups amongst others. Some of the greatest concerns expressed relate to access, travel and transport. Further review of the evidence on the impact of travel and distance on outcomes in respect of maternity in particular is necessary.

- Consideration must be given to the impact of changes on disabled service users including pregnant women with mental health problems or those who

suffer post natal depression, who may through receiving a service at another site be removed from their normal support network of family, friends and carers. Similarly the impact in terms of ethnicity if service users are required to travel to another site and are removed from their support network must be considered. This may also include an impact on the protected characteristic of religion or belief if support from a Faith community is harder to access.

- There are mitigating actions that can be put in place in the short term to support individuals, such as advice and support in making convenient appointments and identifying travel routes, additional support to WAST, and consideration of financial support to those in hardship. For the longer term, every consideration must be given to:
    - reviewing transport links to the new service site
    - identifying actual and potential problems with current public transport arrangements
    - working with patients, families, carers, partners and staff to identify what support mechanisms would have the biggest mitigating impact

- Opportunities for on-going stakeholder engagement have been identified; these will include developing networks with voluntary groups to support the needs of women and their families. This will provide a means of fostering improved relationships with these groups.

- There are some areas where data is not available or not available at a local level. Where there are gaps in information it is necessary to seek to address these through ongoing involvement with interested groups during the implementation phase of any change

The main conclusion reached was that from the information reviewed, there did not appear to be significant differential in the impact between options for change (i.e. options 2, 3 and 4.)

4.7 KEY THEMES RAISED FROM PUBLIC FEEDBACK

Some of the key issues raised within the consultation feedback are summarized below. For full details, please refer to Annex A (*Presenting the Evidence: Draft report of the Consultation Outcomes, ORS, November 2015*).

Comments about whether there is a need for temporary change	Health Board response
Safety	
There will be risk to lives or safety because of sudden emergencies in the low risk pregnancies	We understand the concern about emergencies occurring during labour. Our over-riding concerns in considering the services are for the safety of mothers and babies. The number of truly urgent issues arising during childbirth are comparatively very small. We have looked at national evidence to assess the likely risk of this and based on the evidence, we understand that life-threatening emergencies are likely to occur in about 1% of births in a Freestanding Midwifery-led Unit Data from the birth place study[13] confirm that for first time mothers, perinatal adverse outcomes are 5 per 1000 which will be 0.5% and for women who have had babies before the rate will be 0.3%. This predicted rate is borne out by the experience of Neath Port Talbot Hospital, which is currently the largest Freestanding Midwifery-led Unit in Wales. Nevertheless, it is critically important that we consider the risk to this small number. We understand that people have expressed concerns about the risk of a straightforward pregnancy developing complications. In a midwifery-led unit, midwives would undertake early and continuous assessment as labour progresses to identify any likelihood of complications developing. Women would be transferred as early as possible should this become necessary. An FMU, if established, would be on the site of a major acute hospital, with the emergency medical team available to stabilise and treat an emergency before mother and baby could be transferred to an obstetric unit. We would ensure there was dedicated ambulance provision in the initial implementation period to enable this transfer to happen immediately.

[13] The Birthplace national prospective cohort study: perinatal and maternal outcomes by planned place of birth, Birthplace in England research programme. Final report part 4, 2014. NIHR

Comments about whether there is a need for temporary change	Health Board response
	This arrangement would be in place if needed whilst ongoing assessment is undertaken to confirm the actual level of demand and allow a lead in time for WAST to increase capacity. This model and pathway are in place in a number of other areas across the UK and are tried and tested. Since the consultation began, the Emergency Medical Transfer and Retrieval Service (EMRTS) has been launched and provides cover 12 hours a day. The service will attend a mother (or neo-nate) in an emergency situation. When the service is not operating the usual emergency ambulance procedures would apply.
Lack of ambulance availability	We have been in discussion with WAST and it has always been understood that there would be a need for additional capacity should there be a change to consultant-led maternity services. In the modelling undertaken for the options for change, it was assumed that there would be an increase in the number of mothers calling for ambulance transport to hospital rather than using private transport, because of the increased distances to the service for some women. We have also been in discussion with a private ambulance provider to provide a dedicated vehicle and support for the small number of predicted emergency transfers from a Midwifery-led Unit to a consultant-led service. This arrangement would be in place whilst ongoing assessment is undertaken to confirm the actual level of demand and allow a lead in time for WAST to increase capacity.
Consultant led services are essential for safe services	The evidence from the literature shows that Midwifery-led Units are safe for straightforward pregnancies**.** National Institute of Clinical Excellence (NICE) guidance published in December 2014 confirms the safety of midwifery-led units for straightforward

Comments about whether there is a need for temporary change	Health Board response
	pregnancies. If a woman needs consultant care during labour, she would be transferred to the nearest consultant-led service. The Midwifery-led units detailed in our consultation document would be on our district general hospital sites, not isolated from emergency departments. We already have successful home-from-home (midwifery-led) birth units at Denbigh Infirmary, Bryn Beryl Hospital in Pwllheli and Dolgellau Hospital which account for about 2 per cent of births in North Wales. We understand that people have expressed concerns about the risk of a straightforward pregnancy developing complications. In a midwifery-led unit, midwives would undertake early and continuous assessment as labour progresses to identify any likelihood of complications developing. Women would be transferred as early as possible should this become necessary. It is a very small number of births (around 1% according to national evidence) when a truly life-threatening situation might arise. Dedicated ambulance capacity would be available to support transfer and midwives are trained to respond to emergencies. There would also be back-up from the general medical team at the acute hospital.
Staffing	
The Health Board needs to recruit more staff, or better qualified staff. More temporary staff should be made permanent and fewer locum staff should be used.	We have made it clear that our recruitment programme has continued throughout the period during which there have been concerns about staffing levels. There has been considerable success in recruiting additional midwives as outlined in the consultation document. 27 additional midwives have been recruited this year to support the service and ensure good care for mothers and babies. We do recognise and share the views expressed in some of the consultation responses – that we should continue to strengthen the midwifery service and the role of midwives and increase the number of women

Comments about whether there is a need for temporary change	Health Board response
	who access midwifery-led care and indeed home births. Stabilising acute services and reducing the implementation of escalation procedures can help contribute to this. At times of escalation, community midwives can be asked to come in to the acute hospitals to provide extra staffing. This inevitably has a consequence in reducing availability of midwives in the community. The Health Board has continued to recruit to increase the availability of medical staffing. As a result of these efforts, we have recruited 7 additional consultants who are due to commence in January 2016. This additional recruitment has helped mitigate the risks arising from vacancies and consequently reduced the need to use temporary staff. Some consultants are being used in a hybrid role - to provide cover for middle grade vacancies in the on call rota. This is not a position that is likely to be sustainable in the medium to longer term and is described in more detail in the sections below on recruitment.
Concern about added pressure on staff from increased travel or changes to working practice	We recognise that there would be pressures on staff arising from delivering a different model of care. If a temporary change is required, staff would be supported initially through the Organisational Change Procedure designed to support such changes. All staff affected would be offered a 1:1 interview to discuss their personal position and agree a way forward. There would be support arrangements in place during the period of transition and once implemented. A good communication plan is vitally important at this time. It should be recognised, however, that staff are currently operating under significant pressure because of the challenges in staffing the services which have led to the need for staff to work flexibly and commit extra capacity. Good support and communication will equally be needed if the Board decides not to make any temporary changes to service configuration.

Comments about whether there is a need for temporary change	Health Board response
	Lastly, we recognise from staff comments that the uncertainty caused by the period of consultation can add to stress. On reaching a decision, it is important that the Board recognises this along with the efforts and commitment of staff who have continued to deliver high quality care throughout this period.
Other comments about staffing and recruitment – we need to improve training and develop medical school; a lower ratio of managers to frontline staff	The need to support high quality training is recognised by the Board and the different proposals for service configuration may have different impacts on this, as identified in the Quality Impact Assessment document. We are working with Higher Academic Institutions to develop undergraduate and postgraduate courses to meet the workforce needs for the future. We also work closely with the Wales Deanery to identify and seek to address any issues relating to medical training. Midwifery training and revalidation has been prioritised over the last year and we are on track to achieve compliance with mandatory training and revalidation requirements by the start of 2016.
Transport and travel	
Local or quick access is needed as people can't afford to travel far, or the other hospitals are simply too far away	The problems experienced currently by service users and their families are recognised. A change in service configuration would inevitably mean changes in access for many who use the affected services, In each of the options, some service users would experience additional travelling time and distance. Detailed comments in relation to this were received through all channels of the consultation, and in the Health Impact Assessment and Equality Impact Assessment processes. Initial mapping of travel times and distances using

Comments about whether there is a need for temporary change	Health Board response
	average drive times has been undertaken and was made available on the consultation website. Further mapping of drive times for Powys and Shropshire residents who use BCU HB services has also been undertaken to define the barriers which might be faced for these communities and has been linked into the impact assessment work. It is also clear that not all service users have access to a private car and that even for those that do, longer journeys could add to financial pressures. We are proposing to hold a hardship fund to support transport costs and parental accommodation for people who would have difficulty in covering these costs. This would be a discretionary support mechanism. The Health Board currently provides support in such circumstances for people using some other services which have been concentrated in one location, such as the upper GI cancer service at Wrexham.
Lack of public transport particularly from rural areas presenting challenges to patients but also to partners, carers and families	Access to the three acute hospital sites by public transport is challenging for much of the North Wales, with journey times in excess of 90 minutes for significant proportions of the population. Information relating to public transport can be flagged to patients on booking appointments. Community Transport providers cover most of the region, although there would need to be a lead-in time and additional resources to extend provision in any significant way. Some developments are proposed, such as the current pilot scheme from Pen Llyn to Ysbyty Gwynedd, funded for three months by Welsh Government. Specific improvements will be discussed with Community Transport Association North Wales during implementation planning if a decision is made to change services temporarily.

Comments about whether there is a need for temporary change	Health Board response
Concern regarding the impact of poor travel conditions on the A55 and particularly roadworks and traffic jams	The planned maintenance and improvement programme for the A55 for 2015 is currently in draft. Roadworks including road closure and contraflow are planned for the whole of February 2016: 2 weeks at the Conwy tunnel and 2 weeks at the Pen-y-Clip tunnel. Following this there are currently no planned maintenance or improvement works which are anticipated to have significant impact on traffic flow until at the earliest September 2016. Minor works will be undertaken overnight and are not anticipated to have significant impact. A further update will be available in April 2016. Implementation planning for any proposed changes which might be taken forward must include consideration of the timing of the planned road works. WAST report no significant delays in conveying emergency patients because of roadworks. However, there is a risk that women travelling by private car might be affected.
Concern regarding levels of car ownership in areas of deprivation, particularly in the central coastal area including Rhyl	In some areas of North Wales, the levels of private car ownership are comparatively low. This is true of some areas where there are higher levels of deprivation, but tends to be more so in urban areas which are also located closer to public transport networks. The Equality Impact Assessment has noted also that in general, there may be lower levels of car ownership amongst Black and Minority Ethnic populations – although again reflecting that this is more likely in urban areas. The EqIA was also concerned that in some households where there is access to a private vehicle, women may not drive or may not have access to the car. It is important therefore that this is borne in mind in considering the proposals. As noted above, modelling of the use of ambulances has included an assumption of an increase in ambulance use if the travel distance to a service is increased. There will also be support for people experiencing hardship.

Comments about whether there is a need for temporary change	Health Board response
Temporary solutions are not enough, or more permanent solutions to problems are needed	The Health Board has been clear throughout that the proposals under consideration are for temporary change only, but that there remain concerns about the longer term sustainability of the service. These are evidenced by observations from external bodies which have expressed concern about sustainability. The proposals were borough forward to enable the Health Board to address any immediate risks whilst a clear strategy is developed for the longer term. The royal College of Obstetricians and Gynaecologists has visited the service and will be providing advice on potential service configuration which we expect to receive before the end of the year. That advice will inform the ongoing development of the future service model. The future model must take account of the development of the Sub-regional Neonatal Intensive Care Centre at Glan Clwyd Hospital.
Some respondents said they needed more information, such as the definition of temporary, or the impact about knock-on effects on other services	The Board recognises that it would have helped respondents to consider the proposals if a clear timescale were able to be given for the “temporary” period. It is difficult to be specific regarding the temporary period envisaged as there would need to be a clinical judgment regarding the stability of the service to allow a return to the current configuration. This will depend on a number of factors which feed in to the assessment of risk.
Concern that temporary changes would become permanent	We have also heard during the consultation that there is some concern that temporary changes might drift into permanent changes. We can categorically assure the public that no permanent change would be introduced without further consultation as needed under our statutory duties to involve and consult and in accordance with guidance, best practice and legitimate expectation.

Comments about whether there is a need for temporary change	Health Board response
Concern about the impact on patients such as confusion or stress	The potential for increased stress and anxiety, or confusion, has been flagged as an issue in both the Health Impact Assessment and Equality Impact Assessment. The need for clear communication, information and support for those who might be at increased risk will be addressed in implementation planning for the way forward agreed by the Board. There have been particular concerns expressed about women with mental health support needs, whether pre-existing, arising during pregnancy or after childbirth. There are links established with groups and individuals who support women with these needs and we would wish to liaise with them to continue to develop support mechanisms.
Problems perceived as caused by mismanagement	A number of responses to the Health Board have indicated concerns that some of the difficulties being experienced could have been better managed at an earlier stage. The Health Board has responded openly to these comments and acknowledged that better management could have helped mitigate some factors. There has been consistent and dedicated management support into the services throughout the period since the risks inherent were escalated to the Corporate Risk Register and the teams are committed to work to strengthen the services. . However the difficulties in recruiting medical staff are not unique to North Wales. For middle grade doctors specialising in Obstetrics and Gynaecology it is estimated that nationally there are vacancy levels of around 25% on average.
Concern that babies could be born outside Wales	We have heard and understand that many families may wish their child to be born in Wales. In any changed arrangements for services, early discussions would be held with mothers-to-be to identify their

Comments about whether there is a need for temporary change	Health Board response
	preferred location for delivery and to accommodate this as far as possible. The overriding consideration must be for the health and safety of all our mothers and babies. The Board will need to consider whether the level of risk from continuing to manage services as now is greater than the risks arising from any change.
Concerns that proposals are financially driven, or that more funding should be sought to address the problems	The consultation document made clear that the proposals are not driven by financial consideration. Indeed, it refers to additional investments made into the service and investment has continued to be made in appointing additional medical staff to support the on call rotas. The current model may not be sustainable in the longer term and this would require further consideration and further engagement and consultation as appropriate to involve our population in this consideration.

4.8 FINANCIAL ASSESSMENT

Work has continued throughout the consultation and in the post-consultation period to assess the likely financial impact of the four options under consideration. The consultation was undertaken with a short lead-in period as a consequence of the perceived immediacy of the safety risks to mothers and babies. At the start of the process, it was made clear that the consultation was not driven by financial considerations, but by clinical quality and safety considerations. The Health Board was also clear that additional investment may need to be continued to sustain the services under any of the 4 options.

The revenue consequences shown are the impact of investments required to facilitate delivery of the four options. The revenue consequences of undertaking a temporary reconfiguration are increased as some of the savings that might be expected to accrue from reconfiguration cannot be realized in the short term. For example, in option 2, there could be potential savings released through reduced staffing levels at Wrexham Maelor Hospital, which cannot be released in the short term. Further negotiation with Countess of Chester over possible

secondment opportunities for staff could mitigate this to a degree is yet to be quantified.

The costs shown are draft and indicative, and would require reassessment as detailed implementation plans were developed as part of transition to any reconfiguration which might be supported.

The revenue impact shown is the additional expenditure required over and above the baseline of current service budgets. There has been no adjustment made for expenditure which is currently being incurred on locum and agency spend.

Costs include all affected women's and maternity services, and significant support services such as anaesthetics.

	Revenue			**Capital**	
	Best Case £	Worst Case £		Best Case £	Worst Case £
Option 1	1,865,668	2,662,397			
Option 2	6,308,983	8,284,481		691,500	691,500
Option 3	2,687,041	4,702,419		1,083,100	2,163,600
Option 4	2,546,409	4,709,243		1,218,420	1,218,420

The proposals have been costed and validated by the BCU finance department in line with the service models and plans developed.

4.8.1 Further notes and assumptions

Option 1
For Option 1 there would be no additional staff required over and above budgeted establishment. The additional cost relates to the agency premium for 23 temporary Medical staffing within the Womens and Maternal Care Directorate.

Option 2
Estimated additional costs in Option 2 relate to the following:

The Agency premium for 19 temporary Medical staffing within the Womens and Maternal Care Directorate, this Option would require less Medical staff than Option 1.

Within this option additional costs are proportionally higher due to a loss of income from Powys and Shropshire; retaining staff through the temporary service change, and payment to Chester for additional activity.

Costs for increased activity at the Countess of Chester have been based on tariff whilst detailed negotiations are undertaken.

The Countess of Chester Hospital NHS Foundation Trust has confirmed their position as follows:

"The Countess of Chester Hospital NHS Foundation Trust recognises the valuable contribution of Welsh patients and our role in ensuring the availability of appropriate health services. As such we have considered the proposal to accommodate births within our maternity unit to support the development of maternity services in North Wales. We would envisage working in partnership with Welsh colleagues to ensure the safety & quality of services during this time utilising all available resources."

There would be a reduction in consumables (cash releasing) and Theatre List sessions for Option 2, which would be costed in detail if this option is taken forward.

There would be a requirement for capital funding for Glan Clwyd to achieve this option.

Option 3

Included with the costs is the agency premium for 15 Medical staff for the Womens and Maternal Care Directorate.

This option also includes additional nursing staff for the gynaecology cancer service which would transfer from Ysbyty Gwynedd to Wrexham to maintain elective work whilst accommodating cancer patients who have a longer average length of stay.

There would be a requirement for capital funding for Glan Clwyd to achieve this option

Option 4

As with Option 3 the agency premium of 15 Medical staff is included for the Womens and Maternal care Directorate.

Capital expenditure has already been invested which would support the implementation of Option 4. The Alongside Midwifery-led Unit at Ysbyty Gwynedd was in development under the capital programme and has provided

additional capacity at the hospital which could accommodate an increase in activity. Additional capacity was developed at Wrexham Maelor Hospital and will in the longer term accommodate increased activity which is expected because of increasing demand from border areas following reconfigurations in English NHS hospital trusts.

4.8.2 General assumptions

Neonatal services – there is an existing agreement to appoint 2 additional consultants.

An additional tier 1 doctor and 1.5 wte band 5 staff would be required for Option 2 and 4. For option 3, it would be 1.5 wte Band 5 additional staff.

Breast services – there is currently 1 breast surgeon at YGC who is on the general surgical rota and 2 at Wrexham Maelor. Additional general surgery capacity would be needed for options 2 (1 additional consultant) , 3 (3 additional Consultants) and 4 (2 additional Consultants) which would see breast surgeons move from YG and / or WMH.

Anaesthetics – additional costs are included for achievement of national standards, consistent with long term strategic direction but changes would be brought forward earlier as a result of temporary change to the service model

Transport – costs of increased ambulance capacity, commissioned through a private provider initially and subsequently through WAST, are included. The use of a private provider in the initial period would enable better assessment of the actual additional capacity required and allow a lead-in time for WAST to secure the necessary capacity.

Travel and accommodation – an indicative sum of £50K per annum has been included to support patients, families and carers experiencing financial hardship arising from significant change in travel to the services affected.

SECTION 4, APPENDIX 1

OPTION APPRAISAL CRITERIA

1. Quality & Safety *Services meet standards, minimise risk to patients and patients have a good experience*		
Measure	Definitions	
Able to meet service standards:	1	Ability to provide safe, evidence based services
	2	Facilitates implementation of NICE guidelines
Minimises risk to patients	3	Staff skill mix, right equipment, IT systems, medical records, etc.
	4	Timely access to appropriate clinical decision makers
Patients have a good experience	5	Improved clinical outcomes and health gain
	6	Patient focused, holistic care
2. Deliverability *That we can actually deliver what we say we will*		
Measure	Definitions	
Sufficient workforce	1	Workforce to deliver the model is potentially available
Balance Activity	2	Able to balance elective & non-elective activity
Delivery Time	3	Achievable within a reasonable timeframe
Whole system effect	4	Impact on whole systems for care including community, WAST, social care, third sector and others
3. Sustainability *That there is significant improvement in our ability to manage risk during the period of temporary service provision*		
Measure	Definitions	
Flexible	1	Responsive to likely changes in demography and population needs (including any seasonal changes)
	2	Adaptable to potential changes in clinical workforce
	3	Model adaptable to changes in medical technology
Best Practice	4	Supporting innovation and developments in practice
Strategic fit	5	Aligned to and supports the development of a longer-term, sustainable model

4. Accessibility *Services are equally available for everyone, are able to be reached and at the time that they are needed*	
Measure	Definitions
Available to everyone	1 Include the needs of people living in remote areas, areas of deprivation, and others
	2 Availability of technology to support infrastructure, e.g. telemedicine, IT, video conferencing
	3 Provide appropriate services locally (e.g. pre and follow up care)
Timely access	4 Can support access for carers and families
	5 Correct infrastructure e.g. right transport, access to support services or linked services

SECTION 5

RECOMMENDED OPTION AND RATIONALE

5.1 CONTEXT

In August 2015, clinical leaders and the Board could offer limited assurance to the public that services were safe, sustainable and not at risk of imminent collapse or a catastrophic incident.

5.2 CURRENT POSITION

On the basis of the successful recruitment undertaken for both midwifery and medical staffing within Women's Services, it is considered that the situation since the launch of the public consultation has changed significantly.

The projected staffing arrangements for January 2016 indicate a substantially improved position compared to February 2015 as follows:

5.2.1 Midwifery

- The recruitment of 27wte midwives has ensured that the midwifery service is Birth Rate Plus compliant, and that there are sufficient midwives to provide robust staffing levels for the service.
- The appointment of an additional 11wte temporary midwives over-and-above Birth Rate Plus staffing requirements will enable all midwives to complete their mandatory training requirements by the end of January 2016.
- The appointment of the additional midwives will reduce the reliance on community midwives to support acute units, and thereby the escalation policy will be used much less frequently.

5.2.2 Medical staffing

- There continue to be no vacancies at consultant level within Obstetrics and Gynaecology.
- The recent appointment of 7 resident consultants as well as the retention of long-standing locums alongside BCU-appointed staff will allow middle grade staffing rotas to operate below the 25% short-term locum threshold set as an indicator of safe staffing levels.
- It is considered that the medical staffing position predicted for January 2016 can be maintained until longer-term sustainable service models are determined. To support this, a further 3 resident consultant posts are being advertised during November and December 2015. However, this is a hybrid model with consultants working at a lower level than would normally be expected for this grade of doctor. This could have a longer term impact on the maintenance of their skills and competencies.

5.2.3 External assessment

Based on an assessment undertaken as part of a review of longer-term service options, the Royal College of Obstetricians and Gynaecologists stated that they believe the service across North Wales is currently safe, but that the level of day-to-day risk management, monitoring and pressure on staff cannot be sustained.

5.3 RISK MANAGEMENT

Notwithstanding the improved position it is recognised that not all risks have been fully mitigated and the following issues will need to be continuously managed:

- The current recruitment strategy needs to be maintained, and Women's Services should look to make further resident consultant appointments.
- Additional consultant-level work will be identified for new appointments, which will entail some negotiation with other surgical specialties if required to release capacity.
- There will need to be a continuation of the current policy of outsourcing some elective Gynaecology work to Trusts in North West England to ensure that waiting time targets are not breached.
- Any midwifery vacancies that potentially compromise Birth Rate Plus compliance should be advertised immediately to ensure that safe staffing levels are maintained.
- The current monitoring arrangements need to be retained so that the Board can gain assurance that the anticipated improvements are achieved and maintained. The Women's Monitoring Group will continue to ensure that the daily and weekly risk assessments are assessed and that any issues of concern are immediately escalated.
- When the report on sustainable future service options is received from the Royal College of Obstetricians and Gynaecologists, the Health Board will identify a suitable process for public engagement on any potential longer term changes.

When undertaking the review into long-term options for service delivery in North Wales (October 2015), the Royal College of Obstetricians and Gynaecologists assessors concluded that the services across North Wales were safe, but that the monitoring measures taken to ensure that services remained safe were unprecedented and unsustainable. There will therefore be a requirement to look at a long-term sustainable service model as soon as is feasible.

Some of the issues that will need to be addressed in identifying sustainable solutions are:

- Training hospitals require more than 2,500 births per year (this is a requirement of the Wales Deanery)
- RCOG guidelines recommend obstetric units have 2,500 births per year, although smaller units can work together as a network
- The continued shortage of middle grade doctors and the short term solution of employing consultants in more junior posts will require review

The table below summarises the key risks which underpinned the decision to consult upon temporary service change and the current position:

	May 2015 Risk	December 2015/January 2016 position
1	Medical staffing rotas were at risk of imminent collapse on at least 2 of the 3 hospital sites.	• Consultant posts fully established at all 3 sites. • Additional 7 resident consultants appointed to supplement the middle grade rotas at all 3 sites. • A further 3 resident consultants to be appointed subject to the availability of suitable candidates. • A maximum of 2 long-term locum middle grade doctors to be retained per site to provide the necessary input to both elective and emergency work. • Advanced practice midwives in Ysbyty Gwynedd to return to Tier 1 rota. • Further adverts to be placed for Tier 1 doctors. **Overall, the service will operate below the 25% threshold for short-term locum use.**
2	Middle grade staffing rotas were compromised due to the difficulties in recruiting to vacant posts, existing staff taking annual leave, and the paucity of suitable agency locum doctors.	• Recruiting to traditional middle grade positions remains problematic, and the position is unlikely to improve. • 7 consultants have been appointed who will work out of hours to supplement the middle grade rotas. This will improve senior decision-making, and will provide the necessary support and infrastructure to reduce the reliance on locum doctors; close the rota gaps, and provide elements of succession planning for the longer-term. **Through a combination of existing staff, long-term locum use, and the appointment of resident consultants, the remaining vacancy rate will be below the 25% threshold.**

	May 2015 Risk	December 2015/January 2016 position
3	The midwifery establishment was not aligned to current service needs and demands	• The appointment of 27wte midwives demonstrates that BCU is able to attract high calibre midwives to North Wales, as well as ensuring that the students trained within the region are able to find suitable employment. • The midwifery service is currently Birth Rate Plus compliant, and can ensure that the requisite number of midwives are available in each of the acute and community services in accordance with the needs of women. • The appointment of additional midwives has ensured that the escalation policies will not be used as frequently, and that the community service will be able to carry out its primary functions. • To bridge the gap between appointment and being fully-operational, agency midwives have been used on occasion to ensure that staffing levels are complaint and that the midwifery aspect of the service is robust. This arrangement has worked extremely well as a short-term measure. The use of agency staff will cease by the end of December 2015 as the newly-appointed midwives complete their preceptorship periods and take up their posts. **The midwifery service is Birth Rate Plus compliant and can maintain this position**
4	Midwives would not be compliant with NMC Code (2015) and would potentially be unable to comply with midwifery revalidation.	• As part of the mitigating actions to maintain safe services and ensure that staff are adequately trained and supported, an additional 11wte midwives have been appointed on temporary contracts, above Birth Rate Plus compliance levels, to ensure that the midwifery workforce can complete all mandatory training requirements. At the end of November, the midwifery service was 87% compliant with mandatory training requirements, and will be 100% compliant by the end of January 2016. **The midwifery service will be 100% compliant with mandatory training requirements by the end of January 2016.**

5.4 CONCLUSION

On the basis of this assessment and the changes which have occurred since the decision to consult was made, the previous judgement that temporary changes were required imminently to ensure the safe management of risks to mothers and babies has changed.

Successful recruitment of both midwives and consultant medical staff will enable the risks to be managed more effectively than has been possible in recent months, although the Health Board remains concerned about long term sustainability of the current service model.

The Board is asked to recognise that recent successful recruitment appears to have improved the ability of the service to manage the risks to mothers and babies for the immediate future, meaning that the temporary changes to consultant-led Obstetrics services will not be required. Gynaecology services will also continue to be provided on three hospital sites, although because of capacity constraints some women will be asked to travel to England for elective gynaecology surgery.

SECTION 6

DEVELOPMENT OF LONGER TERM STRATEGIES

6.1 BACKGROUND

The Royal College of Obstetricians and Gynaecologists (RCOG) was commissioned to support the longer term work to plan a service that ensures the population of North Wales has access to better Women's and Maternity Services.

The RCOG has undertaken similar work in Carlisle to help NHS England decide how to configure Maternity and Obstetric services to meet the needs of the population, achieve professional standards, and improve outcomes for mothers and babies. This was set in a similar context of multiple provider sites across rural communities, challenges of recruitment, maintaining competencies, managing clinical risk, sustainability and strengthening the focus on quality and safety.

6.2 PURPOSE OF THE RCOG REVIEW

The aims of the RCOG Invited Review were:

- To identify clinically sustainable and safe service options for the delivery of obstetrics and gynaecology services for the women who receive maternity services from the Health Board.
- To define the clinical interdependencies particularly in relation to obstetrics and midwifery, anaesthetic and high dependency care, surgical and gynaecological support, imaging and interventional radiology, neonatal and paediatric services required to provide a network of women's care for this population.
- To present recommendations that over time will improve the provision of sustainable services that would be acceptable to the local population and for women in particular.
- To present an options appraisal (including risks) in attracting and sustaining a workforce which is sensitive to the specific geography, demographic spread and public health needs of the North Wales population.

The Health Board provided a detailed suite of information to support the review which was made available to the Team during their visit.

6.3 PROGRESS TO DATE

Two multi-professional planning events were held in June and September 2015 with clinicians from all sites and specialities to start the planning process, with a further event planned in December focusing on "Managing Clinical Risk".

To support this process, the RCOG visited the Health Board in October with a multi-professional group to observe the Maternity Units at each of the three District General Hospitals.

The initial feedback was that whilst each of the three units were considered to be safe, this was only being achieved through the extraordinary efforts of managers, clinical leaders and clinicians who were managing the units in "critical incident mode" and that this was not sustainable in the long term. This is also seen as detracting from the necessary focus on Quality and Safety.

The review team were made aware of the First Minister's decision to support the recommendations of the independent group which had made recommendations on the Sub-regional Neonatal Intensive Care Unit (SuRNICC.) The SuRNICC will be developed at Glan Clwyd Hospital and the business case is currently being progressed. The expectation is for the unit to be open in March 2018 with a Consultant led service wrapped around the unit.

The Health Board will receive the RCOG report in early 2016 to support the decision making around the long term configuration of Maternity and Obstetric services.

6.4 NEXT STEPS

The RCOG will provide the Health Board with their professional advice on the service model for obstetrics and gynaecology. This will need to be considered by the Health Board in the light of the population health needs, geography of the region, and specific community needs including equality and human rights considerations.

The strategic context will also need to be considered including potential developments in service provision in the North West of England and in Shropshire, arising from the Future Fit programme. Similarly, the work being undertaken by the Mid Wales Healthcare Collaborative in relation to acute services will need to be taken into account.

The Health Board will work closely with the clinical body to develop scenarios for the future service model reflecting on the RCOG service recommendations and local considerations as described above.

These scenarios will be discussed with the public through a process of engagement. Any proposals for substantial change will be the subject of a formal consultation process as required (see Section 7).

SECTION 7

FUTURE INVOLVEMENT OF STAKEHOLDERS

7.1 BACKGROUND

The consultation was undertaken in parallel with a programme of engagement (Living Healthier; Staying Well) which was launched to deliver the Minister's requirement under Special Measures to re-engage with the local population to understand their views and to rebuild confidence and trust.

The process of consultation has created new opportunities for continuous engagement which now need to be built on as part of the Health Board's plans moving forward.

7.2 FEEDBACK FROM THE CONSULTATION

Section 2 of this report outlines the numbers of respondents to the consultation and Section 4.2 describes the themes in relation to the feedback received, It is important that all the feedback is available to the public so the range of views expressed can be seen.

All responses received by the Health Board, along with the ORS Analysis, Health Impact Assessment, Equality Impact Assessment and Quality Impact Assessment will be published and openly available through the Health Board's web-site.

7.3 FUTURE ENGAGEMENT STRATEGY

An approach to engagement was presented to the Board at its meeting on November 2015 which was built on 4 key pillars:

- Establishing locality groups for face-to-face engagement at a local level
- Development of an involvement scheme where residents in North Wales could express an interest at various levels to work with the Health Board (from receiving information, joining in work on specific service pathways in which they have an interest etc)
- Staff engagement – through Team Briefings, World Cafes and Big Conversation events
- Shared engagement with other public bodies and the Third Sector

Work is underway to establish these activities and develop a longer term strategy (which will be presented to the Board in Spring).

The work in the consultation process has evidenced the value of conversations at a local level as a means of understanding local issues and concerns and building our services planning around local needs.

Many individuals, through the consultation process, expressed an interest in participating in future health "conversations" and these contacts will be used to start the development of our involvement scheme.

Guidance is clear that a process of continuous dialogue is essential to ensure that our local population is well-informed on health related matters – including the challenges our services face. Our strategy – and the dialogue established through the consultation – will provide the mechanisms for ensuring we continue the debate so that we have an informed publics who feel their views are represented in service planning.

7.4 THE LONGER TERM

This particular consultation exercise related to a proposed temporary change to Women's and Maternity Services only in order to manage risks to mothers and babies.

As described elsewhere in this report, the Health Board is awaiting advice from the Royal College of Obstetrics and Gynaecology on sustainable service models for the long term.

Should this work give rise to consideration of any potential options for substantial service change, the Health Board will engage with and consult the public in line with good practice and statutory obligations in force at that time. This will be undertaken at the appropriate time following a programme of continuous engagement and dialogue.

SECTION 8

CONCLUSIONS AND RECOMMENDATIONS

8.1 CONCLUSIONS

Clinical leads within the Health Board expressed significant concerns about risks to mothers and babies initially in 2014. These concerns continued into 2015 and as described earlier the Health Board undertook a formal public consultation on the options for temporary change.

The consultation has followed a robust process in accordance with the relevant standards. The Health Board has fully considered all the relevant feedback and impact assessments have been appropriately considered. A small number of process issues were raised during the course of the consultation and these were managed appropriately.

The position in relation to recruitment and managing risks has changed significantly since the consultation was launched, with the recruitment of 7 additional consultants and the ability to ensure that the relevant clinical rotas will be adequately covered from January 2016.

Further work will be required to consider the long term sustainable model for women's and maternity services.

8.2 RECOMMENDATIONS

The Board is asked to:

10. Note the consultation process that has been undertaken on the proposals for temporary changes to women's and maternity services

11. Consider the feedback received through the consultation process

12. Consider the additional assessment undertaken in relation to Quality Impact, Health Impact and Equality Impact and ensure due regard has been given to the equality and human rights considerations

13. Consider the assessment that the balance of clinical risks relating to the obstetrics and gynaecology service no longer requires an immediate change to the configuration of obstetrics and gynaecology

14. Approve the recommendation that Option 1 of the four options consulted upon is taken forward and that there will be no temporary change to the current service configuration.

15. Note the need to continue to undertake robust risk management of the services and direct the service to put this in place

16. Approve the outsourcing of some elective gynaecology activity in order to meet expected waiting time standards.

17. Note the opportunity for further work to advance equality of opportunity and promote good relationships with communities following work on the Equality Impact Assessment

18. Note the requirement for further work to develop a longer term strategy for the future service model