

# Public Document Pack



**Helen Barrington**  
Director of Legal Services  
County Hall  
Matlock  
Derbyshire  
DE4 3AG

Ask for Juliette Normington

Email:  
Juliette.Normington@derbyshire.gov.uk  
Direct Dial 01629 538394

PUBLIC

To: Members of Improvement and Scrutiny Committee - Health

Friday, 6 January 2023

Dear Councillor

Please attend a meeting of the **Improvement and Scrutiny Committee - Health** to be held at **2.00 pm** on **Monday, 16 January 2023** in **Committee Room 1, County Hall, Matlock**: the agenda for which is set out below.

Yours faithfully

A handwritten signature in black ink that reads 'Helen E. Barrington'.

**Helen Barrington**  
**Director of Legal Services**

## **AGENDA**

### **PART I - NON-EXEMPT ITEMS**

1. Apologies for absence  
To receive apologies for absence (if any)
2. Declarations of Interest  
To receive Declarations of Interest (if any)

3. Minutes of Previous Meeting (Pages 1 - 6)

To confirm the non-exempt minutes of the meeting of the Improvement and Scrutiny Committee - Health held on 21 November 2022.

4. Public Questions (Pages 7 - 8)

30 minutes maximum for this item. Questions may be submitted to be answered by the Scrutiny Committee or Council officers who are attending the meeting as witnesses, on any item that is within the scope of the Committee. Please see the procedure (below) for the submission of questions.

5. Review of Maternity Services (Pages 9 - 20)

6. Access to GP Services (Pages 21 - 36)

7. Committee Work Programme

PUBLIC

**MINUTES** of a meeting of **IMPROVEMENT AND SCRUTINY COMMITTEE - HEALTH** held on Monday, 21 November 2022 at Committee Room 1, County Hall, Matlock.

## **PRESENT**

Councillor J Wharmby (in the Chair)

Councillors M Foster, D Allen, P Moss, D Murphy (substitute for A Sutton), G Musson and P Smith.

Apologies for absence were submitted for Councillors E Fordham, L Ramsey and A Sutton.

Officers present: Juliette Normington (Democratic Services Officer), Jackie Wardle (Improvement and Scrutiny Officer), Helen Dillistone (Executive Director of Corporate Affairs, Derby and Derbyshire ICB), Keith Griffiths (Chief Finance Officer, Derby and Derbyshire ICB), Berenice Groves (Deputy Chief Executive and Chief Operating Officer, Chesterfield Royal Hospital NHS Foundation Trust), Helen Henderson (Chief Executive, Healthwatch Derbyshire), Zara Jones (Executive Director of Strategy and Planning, Derby and Derbyshire ICB) and Sean Thornton (NHS Derby and Derbyshire).

### **21/22 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **22/22 MINUTES OF PREVIOUS MEETING**

**RESOLVED** – to confirm the non-exempt minutes of the meeting of the Improvement & Scrutiny Committee – Health held on 11 July 2022.

### **23/22 PUBLIC QUESTIONS**

There were no public questions.

### **24/22 THE TRANSITION OF SERVICES FROM GLOSSOP TO DERBYSHIRE ICB**

Helen Dillistone, Executive Director of Corporate Affairs and Zara Jones, Executive Director of Strategy and Planning introduced the report, which had been circulated prior to the meeting and provided information on the process of transitioning the commissioning of healthcare for the Glossop population from the former Tameside and Glossop Clinical

Commissioning Group (TGCCG) to the newly formed NHS Derby and Derbyshire Integrated Care Board (DDICB), on 1 July 2022.

The report provided a detailed timeline of the process. The first year would see no changes to the service in order to expediate a smooth transition and to identify the areas that required attention going forward. The benefits of the transfer were stated, together with the ambition of progressing the Place agenda.

The Chair of the Committee stated that the local neighbourhood teams had told her they were very pleased with the way the transition arrangements were going but as expected some local people had concerns, especially regarding the access to GP services. When asked if there would be changes to services as a result of the transition the reply was that none were planned but the Committee would be informed if any arose in the future.

**RESOLVED to:**

1. Note the process for the transition of healthcare arrangements into the Derby and Derbyshire Integrated Care System from 1 July 2022;
2. Note the engagement undertaken to build and sustain relationships with local community leaders;
3. Note the process currently being undertaken to understand variation on health service provision across Derbyshire; and
4. The ICB would notify the Committee to any service changes as the transition progresses.

**25/22 DERBY AND DERBYSHIRE ICS MID-YEAR FINANCIAL UPDATE**

Keith Griffiths, Chief Financial Officer introduced the report, which had been circulated in advance of the meeting, and which showed the aggregate financial position for the five NHS providers across Derby and Derbyshire, as well as the ICB with its Primary Care, Commissioning, Prescribing and Community Health Care responsibilities.

The report showed a deficit of £39m. It was noted that the Government's COVID-19 financial assistance had ended but problems were still present, particularly around staff sickness absences. The recruitment of nursing and medical staff had a detrimental impact, with many leaving as a result of the COVID situation. Staff shortages cause issues but savings were being made through the lack of recruitment.

The historical debt from the CCG was inherited by the ICB. The COVID-19 funding over the last 2 years had allowed the CCG to breakeven but as that funding had now ceased, achieving breakeven was becoming more difficult. It was noted that the ICB commitment to achieving a breakeven position was a statutory commitment and the ICB would not enter into agreements that would worsen the financial situation. The aim was to stabilise the situation in the current year so that the Board was in a good place to go forward in the future.

The financial situation was limiting the potential to get services back to pre-COVID levels. This was mainly due to staffing levels, not funding. Members asked for more information on how effective the work on reducing health inequalities was – and where these inequalities were occurring. The ICB officers stressed that their position was not about reducing services to save money, but rather ensuring they were using the money most effectively. There was no room for complacency and the formalisation of the ICB and ICP gave the opportunity to ensure that income was used effectively across the whole health and care system.

It was noted that DCHS, Mental Health Services and EMAS were all performing at a breakeven level financially. EMAS operated across the whole East Midlands region and, where health settings in other ICB areas were affecting the performance of EMAS, they had to contribute more funding than Derbyshire.

**RESOLVED to:**

1. Note the report; and
2. A progress report be brought back to Committee at a future meeting.

**26/22 HEALTHWATCH DERBYSHIRE IIA UPDATE**

Helen Henderson, Chief Executive at Healthwatch Derbyshire introduced the report which presented the Healthwatch Summary demonstrating current key and emerging themes and priorities for Healthwatch Derbyshire. Work undertaken included access to GP services, the results of which were due in approximately a month from this meeting and would be shared with the Committee. Work had also been done on Maternal Mental Health and the results would also be shared with the Committee.

Members of the Committee asked for the outcomes of the survey done on the closure of DCC Care Centres. They also asked for any information Healthwatch Derbyshire had on other services, such as access to dental services.

It was agreed that the Committee would meet with Healthwatch Derbyshire informally to ascertain how they could work more closely together in respect of patients' experiences of services across Derbyshire.

**RESOLVED to:**

1. Accept and note the report; and
2. An informal meeting be arranged for the Committee and Derbyshire Healthwatch to consider ways of working together in respect of the patient experience across Derbyshire.

**27/22 SCRUTINY REVIEW OF SECTION 75 AGREEMENTS**

Jackie Wardle, Improvement & Scrutiny Officer introduced the report, which had been circulated in advance to the meeting, which informed the Committee of the outcomes of the review of the use of Section 75 Agreements between the County Council and partner organisations and to seek approval to the report recommendations.

The final report gave details of the working group's procedures and the key outcome of the review which was that Section 75 Agreements were a useful mechanism to facilitate joint funding of health and social care, offering flexibility for all parties to work together to provide services efficiently for local patients and clients.

The development and formalisation of the ICB and ICP was an ideal opportunity to prioritise the best use of funds available between partners and this had been highlighted during the discussion on the ICB financial situation earlier in the meeting.

It was stressed that collaboration between health and social care partners was crucial to achieving value for money and an efficient joint funding mechanism was key to this. As such, this review was timely and its recommendations would contribute to the endeavours of the ICP.

**RESOLVED to:**

1. Note the findings of the Review of Section 75 Agreements;
2. Recognise the benefits of the use of Section 75 Agreements, in appropriate circumstances, between the Council and NHS partners and support their continued use;

3. Promote that the Children's Services Early Intervention and Prevention receive a high priority with the JUCD Children's Board;
4. Submit the findings of this review to the Integrated Care Board and the Integrated Care Partnership to recommend that future joint funding structures between the Council and the NHS are a key element of the new partnership working arrangements to ensure parity and transparency for all funding contributors; and
5. Submit a report to Cabinet seeking agreement to the recommendations of this report.

## **28/22 PREPARING FOR WINTER**

Berenice Groves, Deputy Chief Executive and Chief Operating Officer introduced the report, which had been circulated in advance of the meeting, and briefed the Committee on the substantive aspects of NHS Derby and Derbyshire Integrated Care Board's plan for winter (November 2022-March 2023), specifically:

- Protecting people from COVID-19 and Influenza
- Supporting people in their own home
- Providing an urgent response for those most in need
- Enhancing the resilience of General Practice
- Reducing discharge delays from hospital
- Reducing the backlog for elective and cancer care

Committee posed a number of questions, particularly asking for more details on the targets for Category 2 responders and whether these targets were being achieved. The ICB officers undertook to provide this additional information following the meeting.

In respect of EMAS delivering patients to A & E departments, there was a strategic communications centre which showed real time hospital queuing levels. However, it was not straightforward to send patients to hospitals with lesser queuing levels as they need to go to the departments where the consultants were available for their particular condition. Committee members asked to be informed on how the situation developed over the winter.

**RESOLVED** to note the current state of the ICB's plan for winter.

## **29/22 WORK PROGRAMME**

Jackie Wardle, Scrutiny Officer informed the Committee of upcoming items for the January committee as follows:

- Primary Care Services – transition to the ICB/ access to services;
- Overview of Maternity Services (in the light of the Ockenden report); and
- The ICS Engagement Strategy – Development and Planning.

**RESOLVED to:**

1. Note the report: and
2. Note that the review of Urgent Treatment Centres was still on-going and would be reported to Committee in July 2023.

The meeting finished at 4.20 pm



## **Procedure for Public Questions at Improvement and Scrutiny Committee meetings**

Members of the public who are on the Derbyshire County Council register of electors, or are Derbyshire County Council tax payers or non-domestic tax payers, may ask questions of the Improvement and Scrutiny Committees, or witnesses who are attending the meeting of the Committee. The maximum period of time for questions by the public at a Committee meeting shall be 30 minutes in total.

### **Order of Questions**

Questions will be asked in the order they were received in accordance with the Notice of Questions requirements, except that the Chairman may group together similar questions.

### **Notice of Questions**

A question may only be asked if notice has been given by delivering it in writing or by email to the Director of Legal Services no later than 12 noon three working days before the Committee meeting (ie 12 noon on a Wednesday when the Committee meets on the following Monday). The notice must give the name and address of the questioner and the name of the person to whom the question is to be put.

Questions may be emailed to [democratic.services@derbyshire.gov.uk](mailto:democratic.services@derbyshire.gov.uk)

### **Number of Questions**

At any one meeting no person may submit more than one question, and no more than one such question may be asked on behalf of one organisation about a single topic.

### **Scope of Questions**

The Director of Legal Services may reject a question if it:

- Exceeds 200 words in length;
- is not about a matter for which the Committee has a responsibility, or does not affect Derbyshire;
- is defamatory, frivolous or offensive;
- is substantially the same as a question which has been put at a meeting of the Committee in the past six months; or
- requires the disclosure of confidential or exempt information.

## **Submitting Questions at the Meeting**

Questions received by the deadline (see **Notice of Question** section above) will be shared with the respondent with the request for a written response to be provided by 5pm on the last working day before the meeting (ie.5 pm on Friday before the meeting on Monday). A schedule of questions and responses will be produced and made available 30 minutes prior to the meeting (from Democratic Services Officers in the meeting room).

It will not be necessary for the questions and responses to be read out at the meeting, however, the Chairman will refer to the questions and responses and invite each questioner to put forward a supplementary question.

## **Supplementary Question**

Anyone who has put a question to the meeting may also put one supplementary question without notice to the person who has replied to his/her original question. A supplementary question must arise directly out of the original question or the reply. The Chairman may reject a supplementary question on any of the grounds detailed in the **Scope of Questions** section above.

## **Written Answers**

The time allocated for questions by the public at each meeting will be 30 minutes. This period may be extended at the discretion of the Chairman. Any questions not answered at the end of the time allocated for questions by the public will be answered in writing. Any question that cannot be dealt with during public question time because of the non-attendance of the person to whom it was to be put, will be dealt with by a written answer.



**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**16 January 2023**

**Report of the Integrated Care Board**

**Overview of Maternity Services in Derbyshire - (following the Ockenden Report)**

## **1. Purpose**

This paper provides an overview of maternity services in Derbyshire and information on the governance, assurance and safety of maternity services locally.

## **2. Information and Analysis**

### **2.1. Definitions**

Definitions for terms used in this paper are:

- **Maternal mortality/death** – is the death of a woman during or up to 6 weeks (42 days) after the end of a pregnancy (whether the pregnancy ended in termination, miscarriage or a birth or was an ectopic pregnancy).
- **Neonatal mortality/death** – is the death of a live born baby within the first 28 days of life.
- **Perinatal mortality/ death** – is both stillbirths and neonatal deaths.
- **Preterm birth** - babies born alive before 37 weeks of pregnancy.
- **Stillbirth** – when a baby is born dead after 24 weeks of pregnancy.

## 2.2. National policy

Maternity care oversight, assurance and transformation is informed by the following national reports:

- **Better Births, the report of the National Maternity Review (2016)** sets out a vision to help achieve better and safer outcomes for families. The recommendations were to make care more personalised; improve shared decision making for families and provide a supported, high performing workforce who work across boundaries. The Maternity Transformation programme addressed the Better Births recommendations
- **NHS Long Term Plan (2019)** – focuses on action to achieve a 50% reduction in stillbirth, maternal mortality, neonatal mortality and serious brain injury by 2025.
- **The Saving Babies Lives Care Bundle Version 2 (2019)** – provides detailed information on how to reduce perinatal death and pre-term birth. This brings together five elements of care that are widely recognised as evidence based and/or best practice:
  - Element 1: Smoking in Pregnancy
  - Element 2: Fetal Growth Restriction
  - Element 3: Reduced fetal movements
  - Element 4: Effective fetal monitoring in labour
  - Element 5: Preterm Birth
- **Clinical Negligence Scheme for Trusts (CNST) / Maternity Incentive Scheme (Year 4)** – this provides financial reward to Trusts for achieving ten recommended safety actions and meeting strict criteria for monitoring and assurance. The safety actions are Perinatal Mortality Reviews, Maternity Services dataset, avoiding term admissions to the neonatal unit and transitional care, clinical workforce, midwifery workforce, Saving Babies Lives Care Bundle, Maternity Voice Partnerships, multidisciplinary training, safety champions and digital strategy.
- **The Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust (2020)** provided 7 Immediate and Essential Actions (IEAs) for Trusts to review and implement:
  - Enhanced safety

- Listening to women and families
  - Staff training and working together
  - Managing complex pregnancy
  - Risk assessment throughout pregnancy
  - Monitoring fetal wellbeing
  - Informed Consent
- **The Final Report of the Ockenden review (2022)** – identified an additional 15 Immediate and Essential Actions (IEAs) for Trusts.
  - **The Mothers and Babies: Reducing Risk through Audit and Confidential Enquiry (MBRRACE) reports** provide guidance on national indicators and causes of maternal and neonatal mortality used to identify areas for improvement locally and nationally.
  - **The Reading the Signals: Maternity and Neonatal services in East Kent** report (2022) Following an investigation into 2 hospitals this report makes four key action areas:
    - Key Action Area 1: Monitoring safety performance – finding signals among noise
    - Key Action Area 2: Standards of clinical behaviour – technical care is not enough
    - Key Action Area 3: Flawed teamworking – pulling in different directions
    - Key Action Area 4: Organisational behaviour – looking good while doing badly

### 2.3. LMNS Governance, Oversight and Assurance

The Local Maternity and Neonatal System (LMNS) is the collective term for clinicians, managers, service users, Local Authorities, NHS providers and commissioners who come together to plan, deliver and evaluate maternity services within the Joined Up Care Derbyshire Integrated Care System (ICS) to meet the needs of pregnant people, babies and families. The LMNS was established in 2016 and is the maternity arm of the ICS. The role of the Derbyshire LMNS has developed into one of supporting transformation and having oversight and assurance of the safety of maternity services and the LMNS Board provides governance for these areas and transformation.

The LMNS is required to support the Trusts to achieve full compliance with national report recommendations and gain assurance of progress with full reporting to the local LMNS Board. This supports the expectation within the national Perinatal Quality Surveillance Model that LMNS's have both an

assurance role and supportive role to each trust. Onward exception reporting by system and to region will be undertaken through the monthly NHS Midlands Regional Perinatal Quality Group (RPQG) meeting, which forms the regional layer of governance.

Derbyshire LMNS has a monthly Perinatal Quality and Safety Group (PQSG) where Trusts provide an update on their current position against national recommendations and guidance. An update on current perinatal mortality rates and any patient safety incidents is provided to monitor against national indicators. If required deep dives are requested along with completed audits to provide evidence of safe care. The Perinatal Safety Forum (a subgroup of the PQSG) provides an opportunity to discuss progress and action plans and escalate areas of concern to PQSG.

The development of reporting templates to align with the Trusts reporting is in progress to provide a clear, consistent picture of maternity services across Derbyshire.

#### **2.4. Derbyshire Maternity Service Provision**

Maternity services within Derbyshire consist of two acute Trusts, Chesterfield Royal Hospital Foundation Trust (CRH) and University Hospitals of Derby and Burton Foundation Trust (UHDB). UHDB has two sites providing maternity care: Royal Derby Hospital (RDH) and Queens Hospital Burton (QHB). Prior to COVID a standalone birth unit was available at Samuel Johnson Hospital for residents in the south of the county, however this closed due to staffing pressures and has remained closed since, pending review. All sites have Neonatal Units, Consultant Led Care and Midwifery Led Care Units providing care for approximately 11,500 people per year and families.

CRH has approximately 3500 births per year and covers North Derbyshire and Chesterfield primarily. RDH has approximately 6000 births per year and covers South Derbyshire and Derby City. Both hospitals provide care to residents of the High Peak. QHB covers South Derbyshire and Burton and therefore extends into Staffordshire. Derbyshire County residents have a choice of place of birth, including home and may access services at the hospitals discussed or may attend Nottinghamshire, Staffordshire or Greater Manchester Trusts. This is reciprocated where residents of the counties listed may choose maternity care within Derbyshire.

#### **2.5. Stillbirth and neonatal death rates**

The current stillbirth and neonatal deaths rates for CRH and UHDB compared to the national ONS (2021), and MBRRACE (2022 rate based on 2020 data) rates are given in Table 1.

**Table 1: Stillbirth and neonatal death rates for Derbyshire Trusts compared to national data**

	Derbyshire		National	
	CRH (Nov 22)	UHDB (Nov 22)	Office of National Statistics (ONS) (2021)	MBRRACE (2022 based on 2020 data)
Stillbirth rate / 1000 total births	2.79*	3.92*	4.2	3.33
Neonatal death rates / 1000 live births	0.35*	2.14*	2.7	1.53

\* 12 month rolling average

For both Trusts the stillbirth rates and neonatal death rates are below the national average ONS rates in 2021 than the MBRRACE report which is based on 2020 data.

There have been two external visits to UHDB recently. The first by NHS England in early December. No immediate safety concerns were identified, and a report is due early in 2023. In addition, the Healthcare Safety Investigation Branch (HSIB) which conducts independent investigations is undertaking an external review of 7 cases of poor maternal and fetal outcomes. This is currently on-going, and the outcome is expected early in 2023. The LMNS will have oversight of both reports when published.

## **2.6. Ockenden Recommendations – current position**

Following the publication of the Ockenden report in 2020, work has been ongoing to meet the 7 IEAs. The impact of COVID on the workforce and the complexity of the workload, has had a significant impact on the review of the gaps in service to meet the recommendations. All hospital Trusts in the country have completed a gap analysis against the recommendations.

There was a national ask that the Regional Perinatal Teams visit all maternity services by the end of September 2022 to gain assurance for progress in completing the initial 7 IEAs. All 21 Trusts in the Midlands region were assessed by the regional team as having reduced compliance from their self-assessed position of March 2022. There were no Trusts that achieved full compliance.

The Derbyshire visits were supported by the LMNS and involved review of the evidence, walkarounds and focus groups with clinical staff, Trust Executives

and with Derbyshire Maternity and Neonatal Voices (DMNV). DMNV represents service users and works with local Trusts to coproduce services to meet their needs. Following the visit each Trust had a requirement to report to their Trust Board with an updated compliance level; produce an action plan with trajectories for full compliance for the initial 7 IEA Ockenden actions and regularly report their progress towards full compliance through quarterly meetings to the LMNS.

The assessed compliance for both Derbyshire Trusts was 39% which demonstrates amber rating across all 7 IEAs. It was identified that those Trusts that were not compliant with Saving Babies Lives Care Bundle v2 (see 2.6) were less compliant with the Ockenden IEAs due to the overlap of recommendations. No safety concerns were identified. Moving forwards, there is a need to undertake audits to assess compliance and this will be initiated in 2023 reporting back to the NHS England Regional Perinatal Team in April 2023.

The final Ockenden report was released in March 2022 has given 15 new recommendations, building on the initial 7. National guidance is awaited in early 2023, to progress with compliance and assurance. The LMNS will work with the Trusts to establish robust reporting mechanisms to provide the required level of assurance for the Integrated Care System and the service users.

## **2.7. Saving Babies Lives Care Bundle (v2) (SBLCB) – current position**

For CRH the reported compliance in October 2022 was 56% which had increased from 17% in February 2022. The Midlands Regional Perinatal Team is supporting CRH to achieve full compliance of SBLCB through bimonthly assessments of available evidence. Significant improvements have been made in supporting women who smoke in pregnancy which is a major contributing factor for perinatal mortality.

UHDB are completing the regional assessment and will receive feedback on compliance in February 2023.

Saving Babies Lives Version 3 is also expected in 2023 and will build on the Version 2 currently being implemented.

## **2.8. Clinical Negligence Scheme for Trusts (CNST) / Maternity Incentive Scheme (Year 4) – current position**

The submission date for Trusts to demonstrate that they meet the criteria is February 2023. Both Trusts will report partial compliance due in part to the impact of COVID on staff attendance on multidisciplinary training. Full training



plans are now resumed, however the shortfall over the past twelve months can't be achieved in the timeframe. Saving Babies Lives Care Bundle compliance is also a requirement and as neither Trust has full compliance with all elements, they will not meet that safety standard. The LMNS will be sighted on the action plans to achieve compliance.

## 2.9. Quality Improvement in Maternity Services – current position

In Derbyshire the following changes have taken place as part of the Maternity Transformation programme addressing the Better Births recommendations:

- a maternal mental health service to support women who do not meet the criteria for the perinatal mental health team.
- the practice of personalised care through the use of and embedding of personalised care and support plans.
- Midwifery Continuity of Carer to support women throughout their pregnancy journey to improve outcomes for the most disadvantaged.
- an NHS Tobacco Dependency pathway for pregnant smokers to improve outcomes for babies.
- the development of the workforce across maternity and neonatal services.
- the implementation of multidisciplinary training to improve skills and patient safety.
- the development of a meeting structure to allow shared learning across teams and organisations within the LMNS.

The following areas of clinical care that have been reviewed and changes made following LMNS scrutiny are:

- **Third and fourth degree perineal tears** (which can occur following a vaginal birth). For CRH numbers were higher than the national average. Through working with the Trust, and the introduction of quality improvement measures this has now reduced, and the Trust is no longer an outlier. UHDB are also using the same care pathway and have remained within the national average.
- **Postpartum haemorrhage (PPH)** (which is excessive bleeding following a birth). A national quality improvement measure has been recommended to improve outcomes for mothers. At UHDB, the pathway was introduced to ensure PPH is managed with correct escalation, expertise, and monitoring to provide timely and appropriate treatment. UHDB are currently reviewing their data and CRH will be taking part in a pilot of a similar pathway in 2023.

- **Induction of labour** – (this may be indicated if there are concerns over fetal or maternal wellbeing or in a pregnancy which is more than 40 weeks gestation to reduce the risk of morbidity or mortality). Nationally, numbers are rising due to the increasing complexity of pregnancies. Regionally, a pathway is in development to assist Trusts in correctly assessing the need for an induction of labour and to ensure that there is consistency in the offer of care across the Midlands. The impact of this will be monitored through the LMNS.

### **3. Alternative Options Considered**

3.1 Alternative options are not applicable for this paper

### **4. Implications**

- 4.1. The implementation of recommendations to improve safety is important, however other measures are also used to provide assurance on maternal and neonatal clinical care safety. Local data is compared to national averages to ensure Derbyshire are not outliers for any clinical measures.
- 4.2. A national response is awaited following the publication of Reading the Signals: Maternity and Neonatal services in East Kent in October 2022, along with the recommendations for the Final Ockenden 15 IEA's, to determine the implication for the LMNS.
- 4.3. NHSE has provided specific funding to implement the Ockenden recommendations and investment has been made into staffing and Perinatal Mortality Review Tool investigations. Midwifery Continuity of Carer was a significant factor in meeting some of the requirements and helping to reduce health inequalities, however staffing has affected recruitment and progression with this model of care delivery. CRH has one team in place and plan to develop more teams in 2023.
- 4.4. Workforce pressures have been significant since 2020. CRH had an increase in complexity of pregnant people in July 2022 and a gap in workforce due to absence, which led to a pause in activity relating to Quality Improvement to maintain the safety of the service users. The LMNS were fully aware of the situation and liaised closely with the senior management team at CRH until the situation had resolved. A workforce plan is in place and recruitment is on a rolling basis.
- 4.5. Data collection, audit and evidence are significant factors in providing assurance both within the LMNS and for external reporting. The IT system used requires updating to keep up with the extensive data

required. A maternity digital strategy has been developed through the Trust to allow investment and improve data collection and reporting. The LMNS has oversight of the CRH dashboard monthly which allows scrutiny, shared learning and comparison with UHDB and national data, to establish outlier status. This information is also available through the Maternity Services Dataset which is a national reporting requirement.

## 5. Consultation

5.1 Derbyshire Maternity and Neonatal Voices are invited to the LMNS Board meetings and the Perinatal Quality and Safety Forum to ensure that there is an open and honest approach from maternity services. Service user feedback is presented and discussed to highlight areas for coproduction. Both Trusts have participated in a "15 steps" review of maternity services. UHDB have received their report, following the visit in July 2022, with improvements recommended around four separate themes: welcoming and informative; safe and clean; friendly and personal and organised and calm to improve the patient and family user experience of the maternity service. CRH completed their review in November 2022 and the paper is being compiled.

## 6. Background Papers

The NHS Long Term Plan (2019) - [NHS Long Term Plan » The NHS Long Term Plan](#)

The Saving Babies Lives Care Bundle Version 2 (2019) - [NHS England » Saving Babies' Lives Version Two: A care bundle for reducing perinatal mortality](#)

Clinical Negligence Scheme for Trusts (CNST) / Maternity Incentive Scheme (Year 4) [Maternity incentive scheme - NHS Resolution](#)

The Emerging Findings and Recommendations from the Independent Review of Maternity Services at the Shrewsbury and Telford Hospitals NHS Trust (2020) [Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust - GOV.UK \(www.gov.uk\)](#)

The Final Report of the Ockenden review (2022) - [OCKENDEN REPORT - FINAL \(ockendenmaternityreview.org.uk\)](#)

The Mothers and Babies: Reducing Risk through Audit and Confidential Enquiry (MBRRACE) reports - [MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)

Better Births, the report of the National Maternity Review (2016) - [NHS England » Better Births: Improving outcomes of maternity services in England – A Five Year Forward View for maternity care](#)

National Perinatal Quality Surveillance Model - [NHS England » Implementing a revised perinatal quality surveillance model](#)

Reading the Signals: Maternity and Neonatal services in East Kent report (2022) - [Maternity and neonatal services in East Kent: 'Reading the signals' report - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107421/maternal-and-neonatal-services-in-east-kent-report-2022.pdf)

15 Steps for Maternity Royal Derby Hospital and Queens Hospital Burton, July 2022



15 Steps for  
Maternity visit to UHC

## **7. Appendices**

7.1 Appendix 1 – Implications.

This is not appropriate for this report.

## **8. Recommendation**

8.1 That the Committee:

a) Reviews the contents of the report and notes the actions taken to provide governance and assurance against the national maternity service recommendations and reports ensuring that Derbyshire maternity services are safe.

## **9. Reasons for Recommendation(s)**

9.1 Not applicable.

**Implications**

**Financial**

1.1 N/A

**Legal**

2.1 N/A

**Human Resources**

3.1 N/A

**Information Technology**

4.1 N/A

**Equalities Impact**

5.1N/A

**Corporate objectives and priorities for change**

6.1N/A

**Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

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**FOR PUBLICATION**

**DERBYSHIRE COUNTY COUNCIL**

**IMPROVEMENT AND SCRUTINY COMMITTEE – HEALTH**

**16<sup>th</sup> January 2023**

**Report of the Integrated Care Board**

**General Practice in Derbyshire – GP Services Update**

## **1. Purpose**

- 1.1 The purpose of this report is to provide an update on General Practice provision across Derbyshire. The report focuses on access and recruitment and how demand is being met in light of national and local challenges within primary care, including recovery from the Covid-19 pandemic.

## **2. Information and Analysis**

- 2.1 GP Access in Derbyshire overview (slides 2-3)
- 2.2 November position including GP Appointment Data (slides 4-11)
- 2.3 Practice staffing (slide 12)
- 2.4 Winter planning (slide 13)
- 2.5 Summary (slide 14)

## **3. Alternative Options Considered**

- 3.1 Not applicable.

#### **4. Implications**

4.1 Not applicable.

#### **5. Consultation**

5.1 Not applicable.

#### **6. Background Papers**

6.1 General Practice in Derbyshire (PowerPoint presentation)

#### **7. Appendices**

7.1 Not applicable.

#### **8. Recommendation(s)**

8.1 Not applicable, report is for information and consideration only.

#### **9. Reasons for Recommendation(s)**

9.1 Not applicable.



**Implications**

**Financial**

1.1 N/A

**Legal**

2.1 N/A

**Human Resources**

3.1 N/A

**Information Technology**

4.1 N/A

**Equalities Impact**

5.1 N/A

**Corporate objectives and priorities for change**

6.1 N/A

**Other (for example, Health and Safety, Environmental Sustainability, Property and Asset Management, Risk Management and Safeguarding)**

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# General Practice in Derbyshire

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**Activity, access, capacity,  
staffing and workload**

# GP Access in Derbyshire

- Access for patients, and demand on practices, is a major concern for many patients and practices in Derbyshire
- GP Appointment data has been made available to the public from November 2022, in the form of an annex to the current publication and includes the following metrics: Appointment mode, healthcare professional type and national categories. There is also an annual national patient satisfaction survey for a sample of patients from each practice
- For Derbyshire the Patient Survey shows mixed levels of patient satisfaction. Some practices have outstanding levels of patient satisfaction, whereas others fall below the national average.
- Generally patients have most concerns about their ability to get through to the practice – problems with getting through on the phone, or are concerned about the waiting time for a GP appointment
- Patients report high levels of satisfaction with the care they receive once they get through
- Currently there is some anecdotal evidence that patients are concerned about not being seen face to face, however for the first time Derbyshire practices have shown an increase in face to face appointments since pre-pandemic. We also have some positive patient feedback about telephone consultations

# GP Access in Derbyshire cont.

- Derbyshire practices are working harder than ever. They are offering more appointments than they did before the pandemic, and more on the same day
- A telephone call first allows for a more efficient face to face appointment: previously a patient would have been seen, sent for investigation and then seen again which can often be 3 appointments
- Now the GP can speak on the telephone, order the investigations, then see the patient face to face and make a clinical decision at their first appointment

# GP Position (Stats taken from OPEL report 3.1.23)

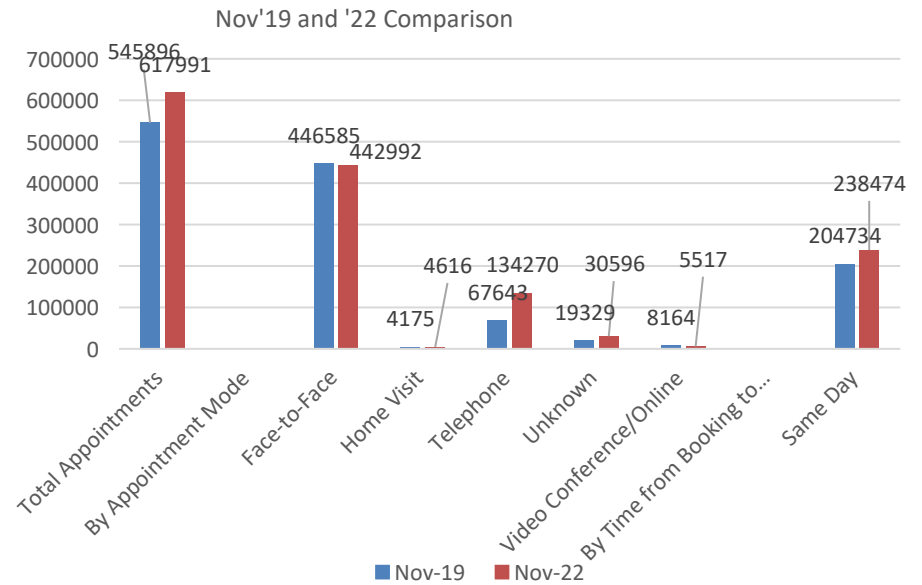
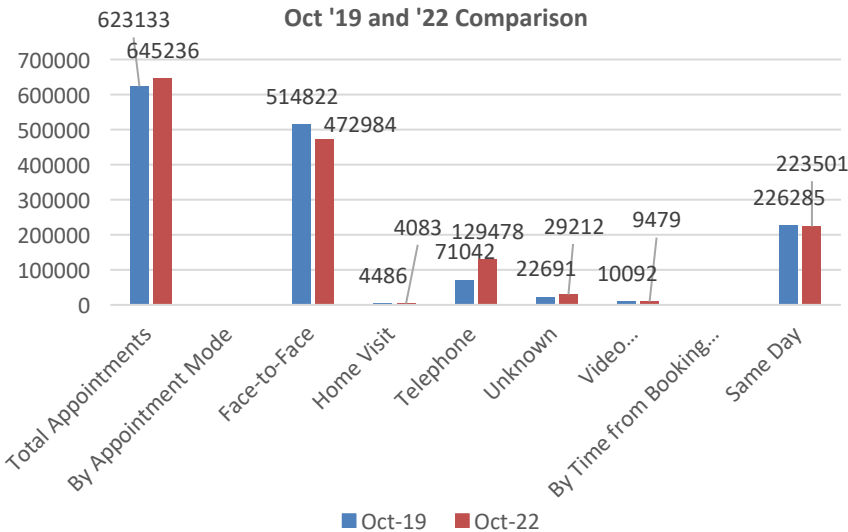
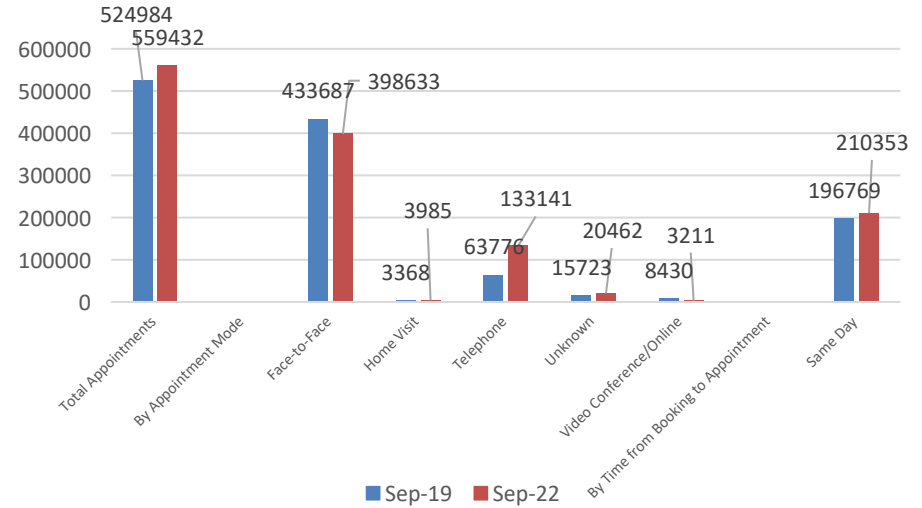
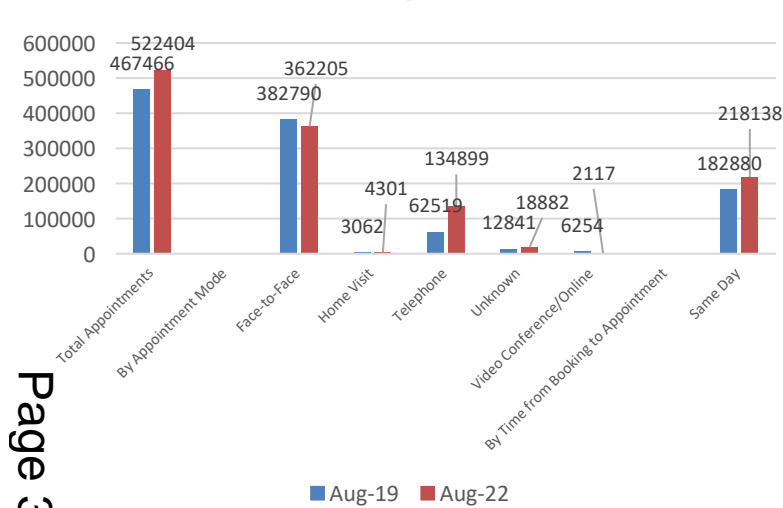
- GPs reporting high level of demand. Sickness/ absence overall reported at 26.3 5.8% overall (25.9 5.8% clinical 26.6 5.9% non-clinical) (these figures do include planned leave).
- No services have been decommissioned. The ICB's strategy is to increase the number of services commissioned from GPs – moving services out of hospital to be more accessible for patients checks for high risk patients. GPs are now working to catch up Demand across the system is extremely high with the Derby and Derbyshire Health and Care System currently in Critical Incident status (as at 04.01.2023 since 31.12.22) and is expected to get higher over the remaining winter months
- Practices are reporting high levels of staff stress, burnout and abuse towards staff.

# Appointment Activity in General Practice (Nov 22)

- General Practice in Derbyshire offer c550,000 appointments every month
- The number of appointments offered is at similar levels, or more than, before the pandemic
- The majority of appointments are face to face (c72%)
- The number of telephone appointments has increased since the pandemic to about 22% of the total
- Approx. 39% of appointments were offered for the same day. When corrected for working days about 11.2% more appointments were delivered on the same day than before the pandemic (Nov 19)

# Monthly No. of Appointment Comparisons between Aug - Nov 2019 & 2022

NB: not corrected for working days



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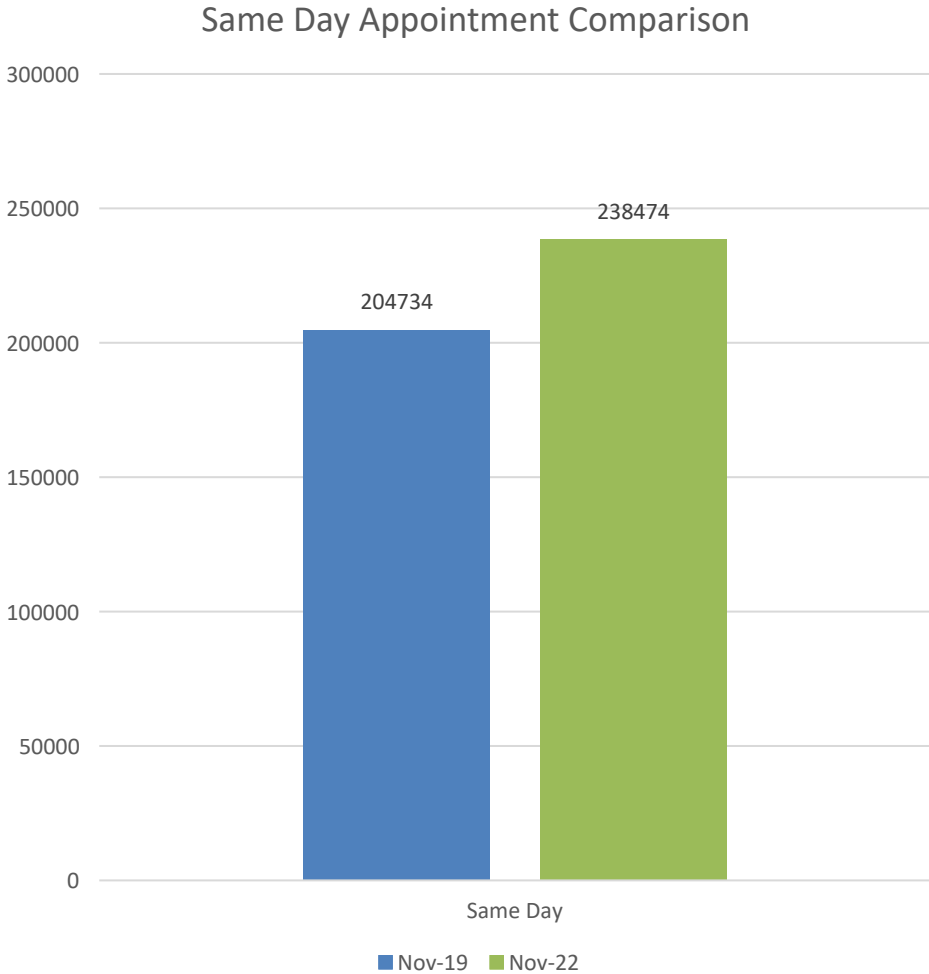
# GP Appointment Data Comparison - Nov 2019 with Nov 2022

Overall comparison Nov 19 - Nov 22	Nov-19	Nov-22	Overall Appointment Difference Nov 19 - Nov 22	Overall % increase/decrease (Nov 19 - Nov 22)	% increase/decrease corrected for working days (Nov 19 - Nov 22)	Trend
<b>Total Appointments</b>	545896	617991	72095	13.2%	8.1%	↑
<b>By Appointment Mode</b>						
Face-to-Face	446585	442992	-3593	-0.8%	-5.3%	↓
Home Visit	4175	4616	441	10.6%		↑
Telephone	67643	134270	66627	98.5%	89.5%	↑
Unknown	19329	30596	11267	58.3%		↑
Video Conference/Online	8164	5517	-2647	-32.4%		↓
<b>By Time from Booking to Appointment</b>						
Same Day	204734	238474	33740	16.5%	11.2%	↑

# Same Day Appointments (Oct 22)

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Same day appointments in Oct 22 are up 11.2% compared to Oct 2019 (corrected for working days)



# Winter Planning

## **Enhanced Access and Winter Access Fund:**

- As part of the winter fund all 114 practices are signed up to deliver an extra 40,000 same day urgent appointments between November and March.

## **Winter hubs:**

- The winter hubs have been commissioned via Derbyshire Health United (OOH provider) and are for patients who present with an on the day/acute need and can't be seen at their usual practice.
- Capacity in the hubs will also provide the ability to support Primary Care when in escalation.
- Hubs are located across Derby and Derbyshire to ensure equity of access for patients

## **Practice Resilience:**

- We ask all practice to provide an Opel status each week to monitor the pressure in General Practice and target support required.

# Practice staffing in Derbyshire (Nov 2022)

- Nationally, there are challenges recruiting into General Practice roles and this is seen locally. We know that we have an ageing workforce, particularly in our nursing staff with 32% of nurses aged 55 and over.
- Derbyshire's number of GPs has increased by 6.7% (as of October 2022). However, this increase is largely due to GPs in training joining the area
- Derbyshire PCNs will receive approx. £21m to invest in additional (non GP or nurse) roles by March 2024 under the Additional Roles Reimbursement Scheme (ARRS). This equates to an additional 480 WTE within Primary Care
- To date, PCNs currently employ 367.30 WTE additional roles, including Social Prescribing Link Workers, First Contact Physiotherapists and Clinical Pharmacists. PCNs are planning on recruiting another 148 WTE between now and the end of the financial year
- By March 2023, nine PCNs will have an adult Mental Health Practitioner in post
- Practices are funded on a per capita basis so will receive additional funding for new patients which they can also use to increase staffing

# Any questions?

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