

18 January 2010

Mr Mark Goldman
Chief Executive
Heart of England NHS Foundation Trust
Bordesley Green East
Birmingham
B9 5SS

Dear Mr Goldman

Re Proposed Interim Changes to range of maternity provision at Solihull Hospital

Thank you for personal contribution, over the last 6 months in particular, to ensure a thorough understanding across the local health economy of the issues emerging in relation to provision of obstetric led maternity services at Solihull Hospital. I understand that at your meeting of 6th January (CHECK), your Board were faced with a very difficult decision, and that it is your prioritisation of patient safety which drove your decision to re-organise services across the Solihull and HEFT sites.

I understand that you propose to make changes on the Heartlands site, to develop a dedicated midwifery led unit, adjacent to obstetric and neonatal services, which can take a significant number of women from April 2010, who would previously have been booked under Obstetrics to deliver at Solihull Hospital. The women will come from both NHSBEN and Solihull and to a lesser extent, South Birmingham and you will continue to support a number of low risk deliveries on the Solihull site. The Solihull unit will become midwifery led, You will suspend this service for a short period to ensure that staff are confident and competent to work on a stand alone basis.

Whilst we have discussed these proposals in general terms, our focus to date has been on the quality and safety of the current provision at Solihull, and I have not yet received any detailed proposal of these interim arrangements. Further to our meeting with clinicians on 9 December, and subsequent discussion with members of my Board and colleagues in Solihull Care Trust, I can confirm that we understand the decision of the HEFT Board. We support in principle the prioritisation of clinical safety and understand that the interim arrangements have been put in place to further mitigate risk, as earlier arrangements, initiated in Spring 2009, have proved increasingly difficult to sustain and were at best 'patches' which could not provide sufficient assurance on a 24/7 basis to either clinicians or your Board. However, as co-ordinating commissioner, I now need formal notification from you of proposed changes to services, which should include detail of:

- Arrangements on the Heartlands site, including proposed scope and scale of activity by PCT, and specialist support available to the MLU when required
- Arrangements on the Solihull site, including proposed scope and scale of activity by PCT and arrangements to deal with emergencies arising
- Impact upon any other current service provision; in particular I have heard informal references to proposed changes in gynaecological surgery, which may or may not be acceptable to commissioners.

It must be absolutely clear to all parties that at this point any arrangements made are interim, in response to significant perceived clinical and continuity risk. We had already initiated work as commissioners to review current patterns of maternity provision, in the light of key policy documents (including Maternity matters and Safer Childbirth), new clinical standards, high rates of infant mortality in Birmingham, and public expectations re choice in style and service approach. This will now be a commissioning priority, and include opportunities for patient groups, members of the public and key stakeholders, including clinical staff, to contribute to the development of a new strategy, which will form the basis for commissioning going forward. This strategy will set out a range of proposals for changes to pattern and style of current provision and will be subject to full public consultation. Given the importance of this work, it will happen at pace, but be thorough, and is unlikely to be available as a document which can form the subject of a formal consultation before the early summer. In this context, it is important that we have an early agreement on the initial period of interim operation of the proposed changes and manage public and staff expectations accordingly.

Given that much of the public focus will initially come from Solihull residents in relation to the interim arrangement, Clare Molloy as Chief Executive of Solihull Care Trust, has proposed to take the chair of a reconfigured overarching group which will oversee three streams of work:

- An operational group to manage the transition to and operation of the interim arrangements
- A commissioning strategy group which will focus on the development of the whole health economy strategy
- Communications and consultation to underpin the above.

Our two trusts have agreed to support senior leadership capacity for this work through securing external support from John MacDonald. His contract link will be to Clare as chair of the group, but he will be working across the economy. The group will have a formal link to our collective contract management group. I expect that both this letter and your response will go to both those meetings.

The commissioning strategy group will report through the co-ordinating commissioner process, as its scope goes significantly beyond the specific issue of deliveries at Solihull Hospital. The development of a maternity services strategy to meet all the requirements of style and location of service, as well as safety standards, is a significant piece of whole health economy work. The majority population affected will be from NHSBEN, which also hosts the concentration of poor outcomes (Birmingham has the second worst infant

mortality rate in the country, the equivalent of that in the Yemen). The strategy will need to consider the current and future range of all potential providers and a range of options to secure health improvement, choice, diversity and locality. In the meantime, we expect that from 1 April, all current maternity services delivered by HEFT across your 3 sites will adopt the specification currently available and governing deliveries at BWHFT and SWB NHS Trust, with a clear focus on the assertive management of both clinical and social risk. In addition, you will take the opportunity of service reconfiguration to ensure that from 1 April you are in a position to meet all information and reporting requirements within the current contract and this specification, an area where you have previously been weak, and which has already been the cause of an improvement notice in relation to contract delivery. Given it appears that the lack of clear information and reporting has contributed to masking the level of risk over a number of years at Solihull this is a critical requirement of commissioner support to changes.

I look forward to receiving your early notification of proposals as above, and understand that a detailed operation plan and project plan to support transition, will come to the operational sub-group at the earliest opportunity. Please call upon Clare and I wherever it will be helpful to do so, particularly in relation to public concern or challenge. I hope that our communications teams in particular will continue their excellent joint work.

Yours sincerely

Sophia R Christie
Chief Executive

Cc
Clare Molloy
Moirá Dumma
Nicola Bengé
Jonathon Tringham
Eamonn Kelly
Steve Coneys