

Paper 9

<b>Recommendation</b>  <input checked="" type="checkbox"/> <b>DECISION</b>  <input checked="" type="checkbox"/> <b>NOTE</b>	<div style="border: 1px solid black; padding: 2px;"><b>The Trust Board</b></div> <b>is asked to Receive and Note the three month review</b>
<b>Reporting to:</b>	<b>Trust Board</b>
<b>Date</b>	28 <sup>th</sup> September 2017
<b>Paper Title</b>	Transitional Model Trust Board Update – 3 month review (Sustainable Maternity Services)
<b>Brief Description</b>	<p>This paper provides an update to the Executive Board on the on-going approved proposals to manage the current risks being balanced and managed within our Maternity Services (Transitional Model of Midwifery Led Services across Shropshire - June 2017). The report is provides a 3 month review; including the following elements:</p> <ul style="list-style-type: none"> <li>• Staffing Redeployment and Recruitment/Workforce update</li> <li>• On call system for home births</li> <li>• Communication and Involvement of women/families/stakeholders/providers Activity to date and actions being taken.</li> <li>• Complaints</li> <li>• Incidents:</li> <li>• Summary of Birth activity:</li> <li>• Forecasted opening date</li> <li>• Recommendations to Trust Board</li> </ul> <p>Appendix 1 shows initial results of survey which is still open. The Care Group will be drawing up an action plan once all results have been received which will focus on improved communication.</p>
<b>Sponsoring Director</b>	Deidre Fowler Director of nursing & Midwifery & Debbie Kadum Chief Operating Officer
<b>Author(s)</b>	Sarah Jamieson – Head of Midwifery
<b>Recommended / escalated by</b>	Executives
<b>Previously considered by</b>	Quality & Safety Committee
<b>Link to strategic objectives</b>	<p>PATIENT AND FAMILY - Deliver a transformed system of care (VMI) and partnership working that consistently delivers operational performance objectives</p> <p>SAFEST AND KINDEST - Develop innovative approaches which deliver the safest and highest quality care in the NHS causing zero harm</p> <p>SAFEST AND KINDEST - Deliver the kindest care in the NHS with an embedded patient partnership approach</p> <p>INNOVATIVE AND INSPIRATIONAL LEADERSHIP - Through innovative and</p>

	<p>inspirational leadership achieve financial surplus and a sustainable clinical services strategy focussing on population needs</p> <p>VALUES INTO PRACTICE - Value our workforce to achieve cultural change by putting our values into practice to make our organisation a great place to work with an appropriately skilled fully staffed workforce</p>
<p><b>Link to Board Assurance Framework</b></p>	<p>If the maternity service does not evidence a robust approach to learning and quality improvement, there will be a lack of public confidence and reputational damage (RR 1204)</p> <p>If we do not develop real engagement with our staff and our community we will fail to support an improvement in health outcomes and deliver our service vision (RR 1186)</p> <p>Risk to sustainability of clinical services due to shortages of key clinical staff (RR 859)</p>
<p><b>Outline of public/patient involvement</b></p>	<p>See narrative within the paper.</p>
<p><b>Equality Impact Assessment</b></p>	<ul style="list-style-type: none"> <li>● <b>Stage 1 only (no negative impacts identified)</b></li> <li>● <b>Stage 2 recommended (negative impacts identified)</b> <ul style="list-style-type: none"> <li>* EIA must be attached for Board Approval</li> <li>● negative impacts have been mitigated</li> <li>● negative impacts balanced against overall positive impacts</li> </ul> </li> </ul>
<p><b>Freedom of Information Act (2000) status</b></p>	<ul style="list-style-type: none"> <li>● <b>This document is for full publication</b></li> <li>● <b>This document includes FOIA exempt information</b></li> <li>● <b>This whole document is exempt under the FOIA</b></li> </ul>

## Equality Impact Assessment - Stage 1 – Initial Assessment

<b>Manager's Name</b>	Jo Banks	<b>Division</b>	Women's
<b>Function, Policy, Practices, Service</b>	Maternity services, and Midwifery led units in rural parts of Shropshire (Bridgnorth, Oswestry and Ludlow)	<b>Purpose and outcomes – intended and differential</b>	Options to manage the current risks within our Maternity Services (Transitional Model of Midwifery Led Services across Shropshire - June 2017).
<b>Implementation Date</b>	29 <sup>th</sup> June 2017 originally 3 –month review – Sept 17	<b>Who does it affect?</b>	Pregnant women
<b>Consultation Process</b>	MLU review (CCG) Local Maternity System Programme Board Maternity Engagement Group (MEG) Trust Board – Extra-ordinary Stakeholder Meeting 27th June 2017 (Colin Ovington Review of Maternity Services) Healthwatch and CHC meeting the CEO Health Overview & Scrutiny Committee (HOSC) Gathering views of users and staff Ludlow/Oswestry/Bridgnorth Town Councils Survey of women who are pregnant / recently given birth	<b>Communication and awareness</b>	Letters to women; discussions by midwives with women; press releases

Equality Target Group	Positive Impact (None/High/Low)	Negative Impact (None/High/Low)	Reason/Comment
<b>Men</b>	None	None	
<b>Women</b>	High	Low	Positive impact because the proposal allows a safe service to be provided for women of high risk in the Consultant Unit; the negative impact relates to those women who are low risk and able to deliver their babies in a local Midwifery Led Building.
<b>Black/Black British</b>	none	none	
<b>Asian/Asian British</b>	none	none	
<b>Chinese</b>	none	none	
<b>White (including Irish)</b>	none	none	
<b>Other racial/ethnic group (please specify)</b>	none	none	
<b>Mixed race</b>	none	none	
<b>Disabled</b>	none	none	

<b>Gay/Lesbian/Bi-sexual</b>	none	none	
<b>Transgender</b>	none	none	
<b>Younger People (17-25) and children</b>	none	none	
<b>Older People (50+)</b>	none	none	
<b>Faith groups (please specify)</b>	none	none	
<b>Other Group (please specify) pregnant women</b>	High	High	Positive impact because the proposal allows a safe service to be provided for women of high risk in the Consultant Unit (around 300- 350 per month); the negative impact relates to those women who are low risk and able to deliver their babies in a local Midwifery Led Building.(around 12-14 per month)

Following completion of the Stage 1 assessment, is Stage 2 (Full Assessment) necessary?  **Yes**

Date Completed: . .Sept 17 . . . . . Manager completing the assessment: . . . Jo Banks. . . . .  
. . . . .

**Equality Impact Assessment Form**  
**Stage 2 – Full Assessment**

<b>Manager's Name</b>	<b>Jo Banks</b>	<b>Dept/Centre/Care Group/Directorate</b>	<b>W&amp;C</b>
<b>What high adverse/negative impact(s) were identified in Stage 1 and which group(s) were affected/</b>	Negative impact relates to those pregnant women who are low risk and able to deliver their babies in a local Midwifery Led Building. This is approximately 12 – 14 women per month who deliver in these units.		
<b>What changes or actions do you propose/recommend to improve the Function, Policy, Practices and Service to eradicate or minimise the negative impacts on the specific groups?</b>	<p>All midwives in the areas affected are discussing birth options with those women who are low risk. Options available include Shrewsbury and Telford MLU, home births, or the Consultant Unit. Postnatal care is available in Shrewsbury and Telford MLU, at home or in the Consultant Unit. There is no change to antenatal care or community midwifery locally including breast feeding support and emotional support in the postnatal period. Likewise home birth deliveries are also available in each location.</p> <p>By relocating the midwives from the outlying areas to the Consultant Unit, this allows a safe service to be delivered to the approximately 300 – 350 women who are high risk, or choose the Consultant Led Unit each month</p>		
<b>Consultation process in relation to the actions and proposals for improvements?</b>	<p>Local Maternity System Programme Board Maternity Engagement Group (MEG) Trust Board – Extra-ordinary Stakeholder Meeting 27th June 2017 (Colin Ovington Review of Maternity Services) Healthwatch and CHC meeting the CEO Health Overview &amp; Scrutiny Committee (HOSC) Gathering views of users and staff Ludlow/Oswestry/Bridgnorth Town Councils Survey of women who are pregnant / recently given birth</p>		
<b>Communication process to ensure all relevant people informed?</b>	<p>Letters to women; discussions by midwives with women; press releases</p>		
<b>How will actions and proposals be monitored to ensure their success?</b>	<b>Via Reports to the Trust Board and Executive, Quality and Safety Committee and CQRM (Commissioners)</b>	<b>Date of next review?</b>	<b>Dec 17</b>

Date Completed: . . . . . 27/9/17. . . . .  
. . . . .

Signed by Manager completing the assessment: . . . . Jo Banks. . . . .

# Transitional Model Trust Board Update – 3 month review

## Sustainable Maternity Services

Updated and amended – 15<sup>th</sup> September 2017

**Sarah Jamieson- Head of Midwifery**  
**Contribution from Maggie Kennerley – Lead Midwife for Consultant Unit**

**To be read in conjunction with:**  
**Transitional Model of Midwifery Led Services across Shropshire - June 2017**  
**Transitional Model Executive Updates**  
**(7<sup>th</sup> July 2017, 27<sup>th</sup> July 2017, 11<sup>th</sup> August 2017, 27<sup>th</sup> August 2017,)**



## Introduction

This paper provides an update to the Executive Board on the on-going approved proposals to manage the current risks being balanced and managed within our Maternity Services (Transitional Model of Midwifery Led Services across Shropshire - June 2017). This provides a more detailed 3 month review and will include the following updates, conclusion and recommendations:

- Staffing Redeployment and Recruitment/Workforce update
- On call system for home births
- Communication and Involvement of women/families/stakeholders/providers activity to date and actions being taken.
- Complaints –
  - About the suspension of services – any themes identified and how we responded to them
  - Complaints from WMAS
- Incidents:
  - moderate /severe incidents /Sis related to same – themes identified
- BBA % in last 3 months compared to previous data
- Summary of Birth activity:
  - impact on remaining larger MLU's – Shrewsbury and Telford
  - impact on Consultant Unit
  - impact upon volume of home birth requests
- Forecasted opening date
- Recommendations to Trust Board

**NB: Previous papers as tabled contain further information.**

## Staffing Redeployment and Recruitment/Workforce update

### MLU Transitional Staffing Model

- Staffing relocation is complete for all affected members of staff, midwifery staff have now all been relocated – a total of 7.41 WTE have been moved on a temporary basis from the 3 smaller MLU's to the consultant unit.

### Recruitment Update – New appointments with start dates

- ✓ 3.6 WTE band 6/7 posts recruited to – starting October 17
- ✓ 2.6 WTE band 6 posts made permanent from temporary posts – implemented now
- ✓ 12.0 WTE Preceptorship posts offered following 57 applications – October 17
- ✓ 2.0 WTE further Preceptorship posts offered to midwives wishing to continue their programme but will become Band 6 posts within a very short period of time – October 17
- ✓ Total recruitment = 20.2 WTE in to 20.67 WTE vacancies

This remains unchanged from the previous report. Most of the new starters commence in post late October 2017. We have received one more resignation during September which we can fill from the existing successful candidates.

The current position prior to the start dates of the remainder of staff is that we still have 17.6 WTE vacancies. This does not take in to account the additional staff recommended in our Birthrate Plus Report.

### On-calls for home birth service and action taken

Issues have been identified from staff in the smaller MLU's in terms of capacity to cover the number of on-calls. Actions taken as follows:

- All Midwife led units have been visited and discussions have taken place with regards on calls for the home births
- A decision has been made by the community and MLU staff group to pool on calls for covering home confinements
- Meetings held to progress the new on call system
- New system commenced 10<sup>th</sup> September 2017
- Two main bases at Telford and Shrewsbury each providing a first and second on-call with an additional 3<sup>rd</sup> /escalation on call midwife available
- Telford area on calls will include Telford, Bridgnorth and Market Drayton
- The Shropshire area on calls will include Shrewsbury, Oswestry, Ludlow and Whitchurch
- This will ensure better on call cover across the county

### Communications and Involvement of Women and Families (Activity to date)

Updated 15.09.17

	Service User Involvement theme	Involvement Lead	Narrative
1	MLU Review	Shropshire CCG	CCG have commissioned an independent organisation (ELC) to organise a number of engagement events to be held throughout the summer – into autumn. Advertised in MLUs/CCGs/Networks/Social Media/Local Press. Working in partnership with SaTH. <b>Dates below</b>
		SaTH and Shropshire and Telford & Wrekin CCG	Stakeholder Launch – 7 <sup>th</sup> September 2017 (users, campaigners, CCG's, Healthwatch, ELC)
2	Local Maternity System Programme Board (LMSPB -	LMSPB	The LMSPB has a sub-group specifically looking at service user



	Transforming Maternity Services)		engagement/involvement, chaired by Shropshire Healthwatch
3	Maternity Engagement Group (MEG)	SaTH – Maternity Services	Bi-monthly meeting held within maternity services. Membership includes Healthwatch (ST&W) and CHC Wales.
4	Trust Board – Extra-ordinary Stakeholder Meeting 27 <sup>th</sup> June 2017 (Colin Ovington Review of Maternity Services)	SaTH Trust Board	Extraordinary meeting involving Shropshire and Telford & Wrekin CCGs, recognised Patient Groups, Shropshire and Telford & Wrekin HealthWatch, Public Health, CQC and Powys Teaching Board. Key stakeholders involved in discussion and shaping maternity services and discussing the review.
5	Healthwatch and CHC meeting the CEO	SaTH CEO	Monthly meeting held with health watch and CHC that looks at local acute trust health related developments/services.
6	Proactive communication on all matters of maternity services	SaTH Comms Team/HOM	On-going communication in local press/social media and on the Trust website updating service users on changes and service position.
7	Health Overview & Scrutiny Committee (HOSC)	SaTH	HOSC regularly updated on changes planned and rationale provided based on safety.
		SaTH	Care Group Director and HOM attending HOSC 20.09.17
8	Transitional Maternity (MLU) Plan	HOM	<ul style="list-style-type: none"> <li>Internally the transitional plan has been communicated with midwifery and support staff regarding changes.</li> <li>Externally a personal letter has been sent to all mothers affected.</li> <li>Press release also sent to mum's advising them to discuss alternative provision with their midwives.</li> <li>Open forums planned from the end of July (monthly).</li> </ul>
9	Gathering views of users and staff	HOM	Limited uptake on meetings with HOM however meetings now planned for staff and users – 21.09.17 & 22.09.17 5 wrote to express an interest, 3 patients/users and 2 members of staff.

		Maternity Questionnaire	Experience	Sent to 600 women – September 2017
9	Ludlow/Oswestry/Bridgnorth Town Councils	SaTH		Attendance by CGD/HOM and Director of Corporate Governance presenting information and updates on maternity services – Service user attendance at each council meeting.
		SaTH		Care Group Director and HOM attending Ludlow Town Council 18 <sup>th</sup> September 2017
		SaTH		Offered to attend Bridgnorth – unconfirmed as yet.

#### MLU Co-Design Events – dates

Format	Date and time	Venue	Locality	Capacity
Launch	Friday 7 <sup>th</sup> September 10am -3pm	Claremont Baptist Church – Central SY1	Shrewsbury	60
Workshop	Thursday 14 <sup>th</sup> September 10am – 12pm	Cabin Lane Church	Oswestry	30
Workshop	Monday 18 <sup>th</sup> September 10am – 12pm	The Rockspring Community Centre, Sandford Road	Ludlow	30
Workshop	Wednesday 20 <sup>th</sup> September 10am – 12pm	St James Hall, Lodge Lane	Bridgnorth	30
Workshop	Friday 22 <sup>nd</sup> September 10am – 12pm	Festival Drayton Centre	Market Drayton	30
Workshop	Monday 25 <sup>th</sup> September 10am - 12pm	Park Lane Centre, Woodside	Telford	30

#### Key themes from engagement events

The engagement/listening events with service users are on-going as part of the MLU review and the overall LMS programme. The views provided during this process will feed into the overall development and transformation of maternity services led by commissioners.

Engagement and communication with service users undertaken during the temporary transitional model are also in progress. The views of service users are being considered in terms of the impact of the temporary suspension of MLU inpatient services on women and their families and consideration given as to how the service may mitigate the impact. Where we have received direct feedback; the Head of Midwifery is making contact with service users to discuss the concerns raised. For information the key themes currently being identified are:

Impact	Mitigation
The distance I have to travel to have my baby at Shrewsbury and Telford concerns me. If the MLU was open I would feel reassured.	Where mothers are concerned, we are advising that if the pregnancy is low risk the baby can still be delivered at home in the rural area (no travel required) with intra-partum and post natal care provided by the community midwife. However, as with the MLU; any complex/acute/emergency care requirements of mother and/or baby will need to be transferred to Telford where intensive support is available. This would involve emergency transport and midwife attendance as part of the transfer.

I didn't receive any communication about the temporary suspensions. I found out via friends and the media.	Where we have fallen short of communicating adequately, we are apologising to service users. We are listening to and enacting suggestions of how we can communicate more thoroughly. This includes opportunities going forward to use social media, texts and e-mails to improve our engagement and listening strategy.
I would like to have my baby at the rural MLU and would like to have full post-natal support at the MLU to help with breast-feeding and emotional impact of child birth.	Where mothers are identifying this support, we are advising that currently, based on staffing and high acuity/complexity needs; the inpatient intra-partum and postnatal care is not available at the rural MLUs. If the pregnancy is low risk the baby can still be delivered at home in the rural area (no travel required) with intra-partum and post natal care provided by the community midwife; who can provide support at home for breast feeding and the emotional impact of child birth. Likewise, the Telford and Shrewsbury MLUs are available to offer this support if needed.

## Complaints

The care group has received one formal complaint made by a mother on behalf of her daughter. This complaint is the only one received in relation to suspension of services, however, it does not relate to the period of the transitional model - complaint received on the 27<sup>th</sup> June 2017. It is included here as it does relate to a period when services were suspended as part of our normal escalation process and is therefore indicative of the continuing risks leading to the transitional period. It is being handled via the formal complaints process. It involves a lady booked for a home birth, cover was not available for a home birth and therefore we had to send a midwife from Shrewsbury to attend, the woman had a precipitate (rapid) birth and the midwives did not arrive in time for the birth. Likewise, had the MLU been open, this would not have guaranteed the Midwife attending in time for delivery. There was a paramedic present for the birth. This complaint investigation is currently on-going and as part of our complaints process their views will be considered and changes made where necessary. There was no harm to mum or baby.

There have been two Friends and Family tests received which indicate a supportive approach to the units:

“...unit should not be closed”

“...I wish I had been able to have our baby at Bridgnorth or at least come here for a couple of day’s aftercare...”

There have been no complaints received from WMAS.

## Incidents

**There have been no moderate or severe harm incidents related to the transitional period reported for July or August 2017.**

**There have been 2 incidents where no harm occurred:**

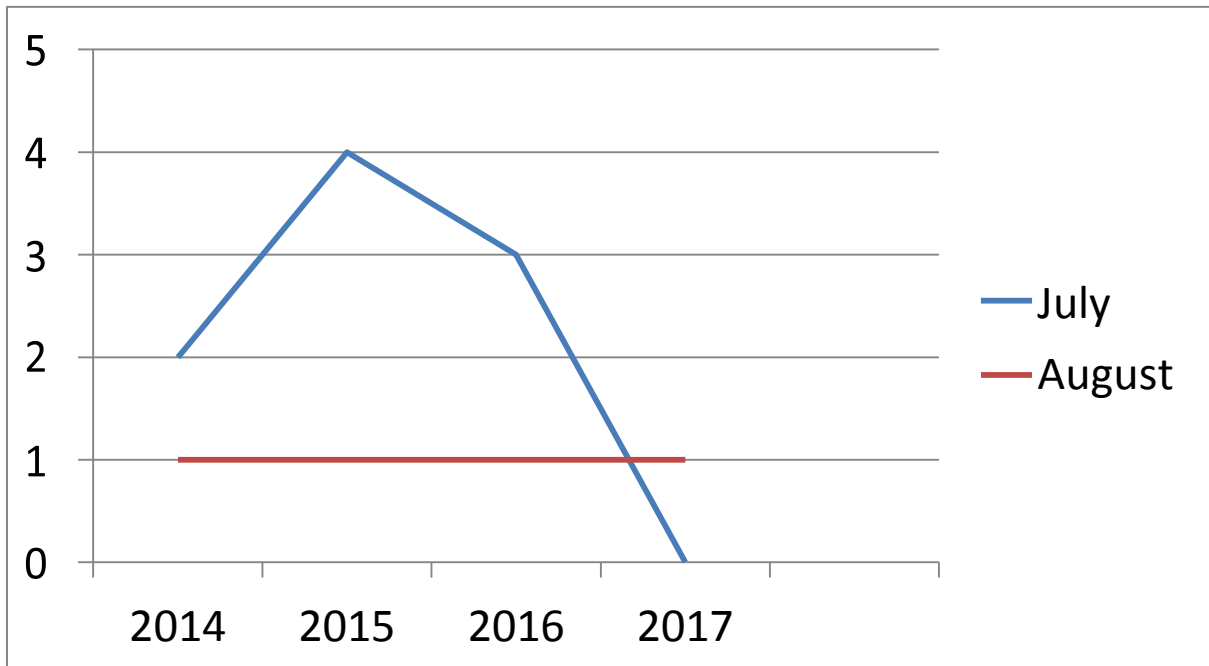
**Datix ID 139974** – This involved a Powys lady booked for a “birth centre” in Powys. She was seen on our MLU due to no midwives being available for labour care in Powys (they were caring for other labourers). On arrival at our MLU she was in early labour (2 cm), not coping, warm bath advised, position changed and entonox given. Pethidine and stemtil given as not coping with pain, transferred to PRH for management of pain and distress in latent phase. This was a transfer from an MLU to CU for management of pain in early labour. It cannot be directly related to the closure of our MLU’s as this lady would have transferred to the CU from Powys birth centre had she been with them, however it is included here for transparency.

There is one further incident where no harm occurred, linked to issues around changes/closures but also to staffing issues and again included here for transparency.

**Datix ID 141332** – Lone Midwife at Home Birth due to the distance the 2nd Midwife had to travel from RSH even when called at earliest available time. Investigation: **Planned home birth, low risk mother**. Outcome good for mother and baby, 2nd on call Midwife notified in a timely manner but in view of the distance to travel did not arrive before the baby was born. There was a student midwife in attendance for the third stage of labour. Support offered to midwife involved. Listed as disruption to services/near miss no harm - category staffing.

## BBA’s – born before arrival

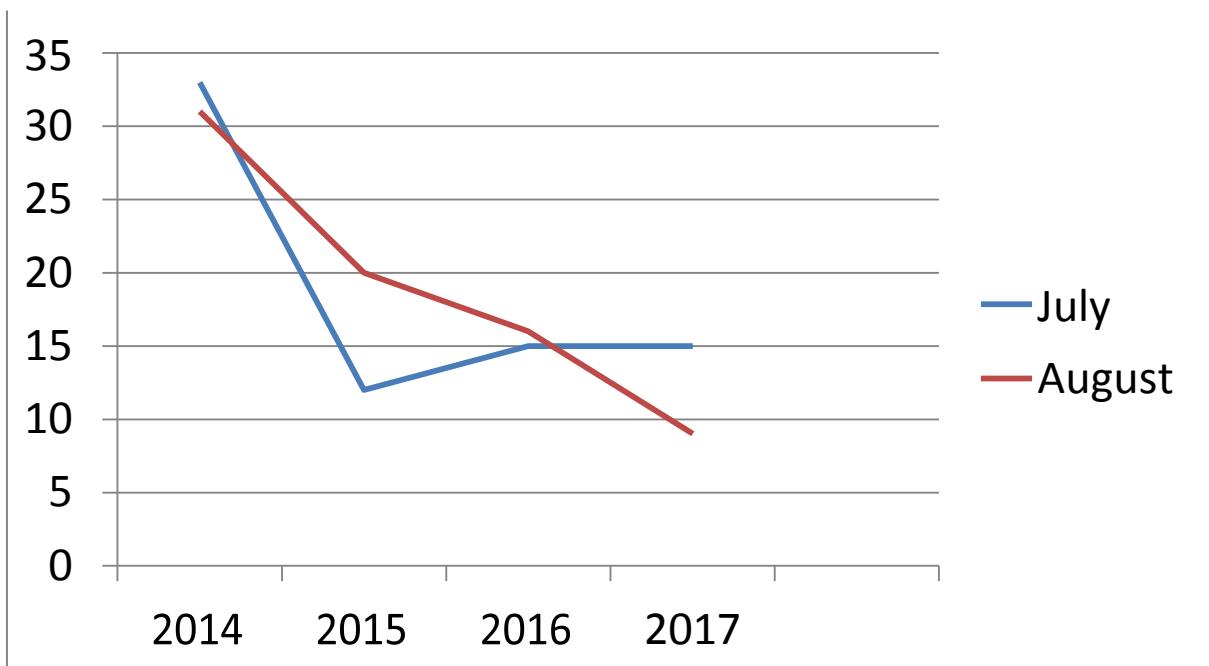
**There has been no increase in the number of BBA’s during the transitional period.** For comparison BBA’s have been assessed over a four year period. BBA’s have remained constant for the month of August and have decreased for the month of July 2017. There was one BBA in August, this was a planned home birth, precipitate labour, from the first phone call to the midwife (at which point she did not require a midwife to visit) to the time of birth was less than one hour. This lady ruptured her membranes and gave birth simultaneously. She was later admitted for manual removal of her placenta in line with guidelines, there was no harm to either mother or baby.



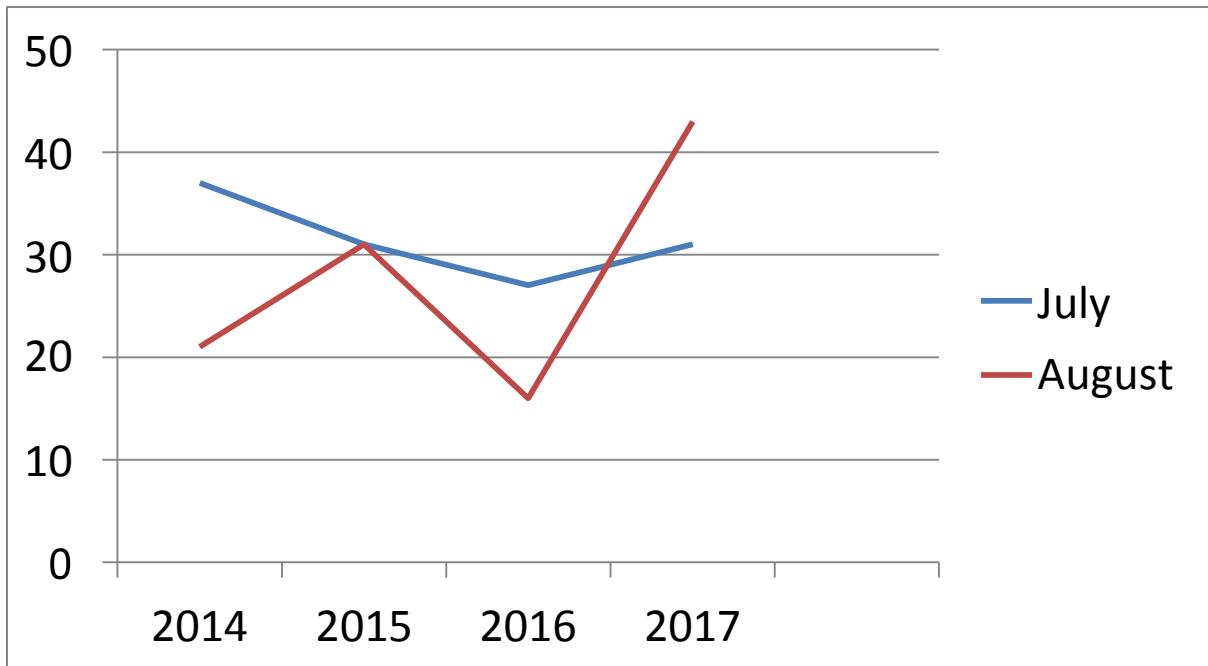
NB: September figures will be available in early October 2017, and at the time of writing this report there has been one reported BBA this month (Sep 17).

**Activity – Impact on two larger MLU’s – RSH and Wrekin**

**RSH MLU has seen a decline in the number of births during August**, however during July it remained in line with expected birth rates. It should be noted that the decrease seen for 2014 is indicative of the reconfiguration of services and the point at which the RSH MLU became a stand-alone unit.

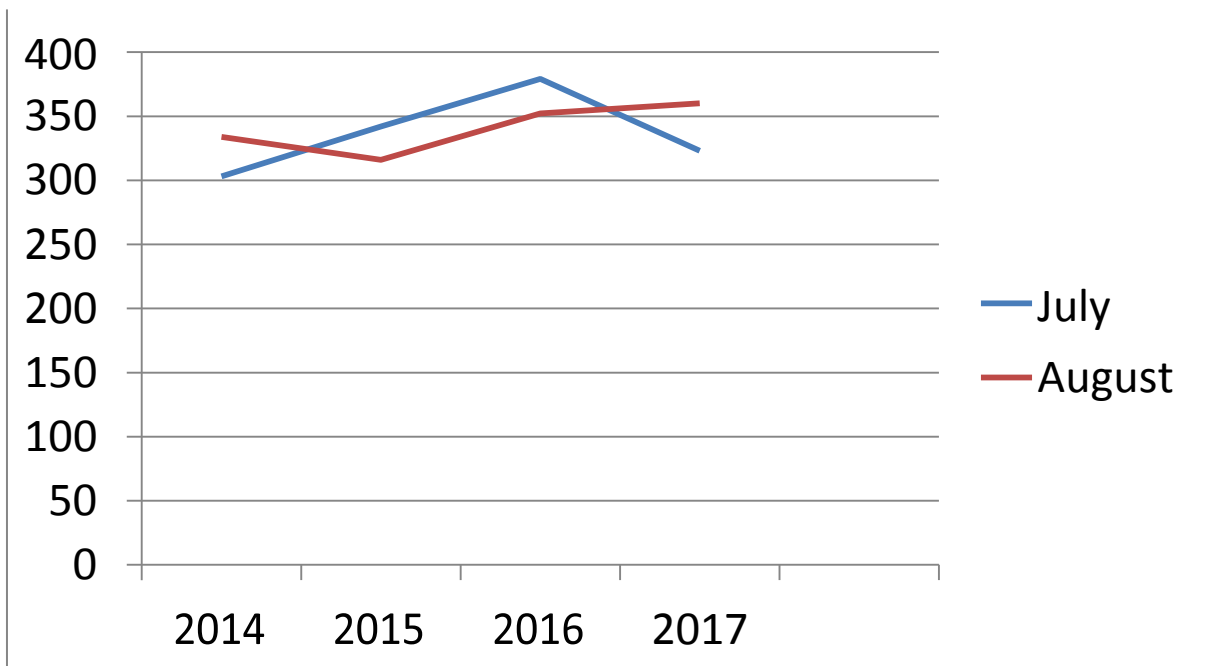


Telford (Wrekin) MLU have seen a slight increase in births in August 2017 with 43 births. This is just above the expected range for this unit (20-40).



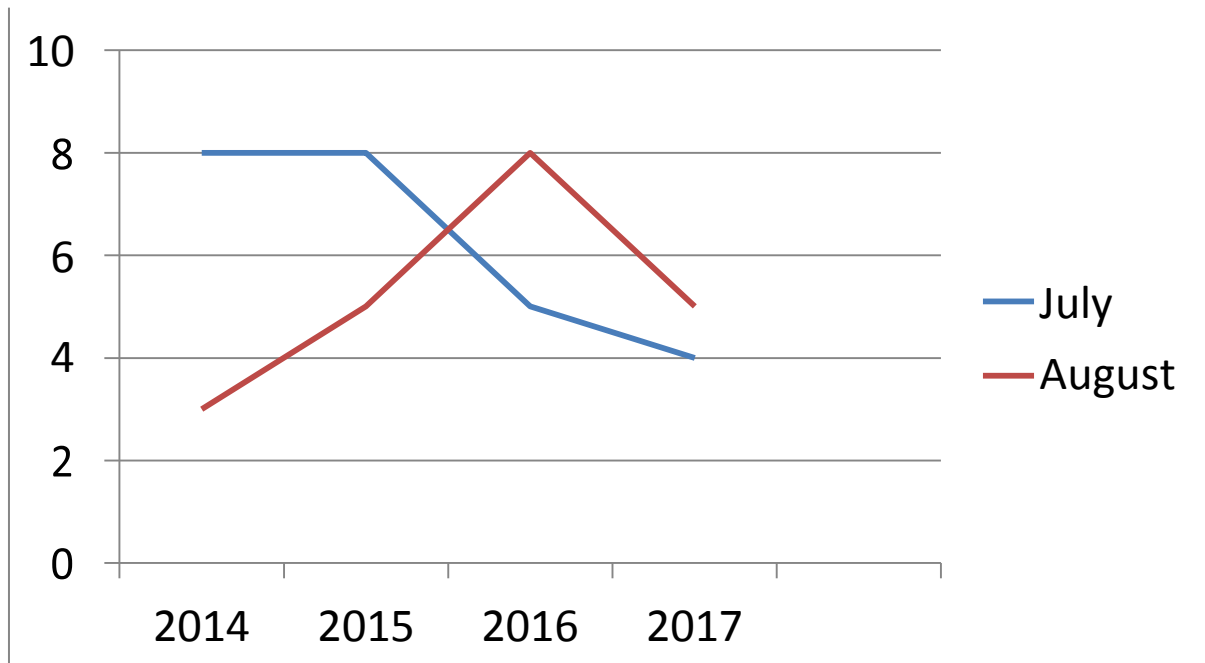
#### Activity – Impact on Consultant Unit

There has been no significant increase in the number of births in the consultant unit during the transitional model period. Births have increased on the consultant unit during August, however they decreased in July. These fluctuations are in line with the expected activity for this unit.



### Activity – Impact on home births

There has been no increase in the number of home births during the period of the transitional model. Again for comparison, home births have been assessed over a four year period for the same months. We have seen a decrease in the number of home births for both July and August this year, however, over a four year period these remain stable and in line with our expected home birth rate of between 0%-3% but do not represent an increase.



### Activity – Discussion

Using the last four years as a comparison, this transitional model period has not resulted in an increase in BBA's, home births, RSH MLU births or consultant unit births.

There has been a slight increase in the number of births at the Telford (Wrekin) MLU, these are in line with expected fluctuations but does represent a slight increase above the expected range for this unit.

It should be noted that the expected birth activity for this period of time, for all 3 units would be a total of 28 births for the two month period (average expected birth rate based on 2016/2017 birth data). Therefore, it is reasonable to assume that the impact upon all units will indeed be minimal, equating to approximately 3 births per week.

## Forecasted opening date

The outcome of the CCG MLU Review will ultimately guide the decision to re-open the units. This is because the units cannot be staffed safely (using the current model) without an investment of over 36 WTE midwives. This is the figure of additional midwives needed to support the service if we do nothing (no change in service model). It is derived from the Birthrate Plus report but adds in the number of midwives to keep the units open 24/7. Without the resource to implement this, reverting to the current model will mean that the service will continue to rely on its Escalation Policy to ensure safe staffing of all units at all times. Should there be no change in model and no investment and an acceptance of safety risk, then the units' could re-open on the 1<sup>st</sup> January 2018. As a provider we would then revert to using our Escalation Policy to ensure safe staffing, which when utilised would result in disruption to services for women and their families and uncertainty regarding their place of birth.

## Recommendations to Trust Board

It is recommended that:

- The Trust Board support the continuation of the suspension until 31.12.17 in order to allow for:
  - The Trust Board to consider the outcome of the CCG MLU Review at the earliest opportunity (planned October 2017)
  - New staff to join the maternity service – late October
  - Consideration of the Birthrate Plus Business Case to support investment in staffing resources



# Temporary Suspension of Rural MLU Inpatient Facilities

## Interim Survey Report

### 1 Introduction

#### The NHS Act, 2006, Section 242

Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in—

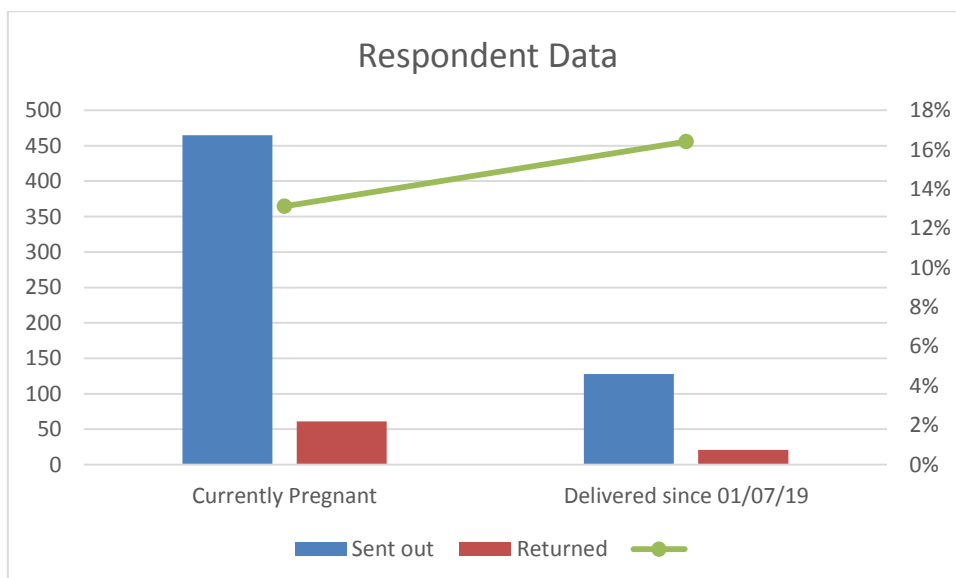
- (a) The planning of the provision of those services,
- (b) The development and consideration of proposals for changes in the way those services are provided, and
- (c) *Decisions to be made by that body affecting the operation of those services.*

While the decision to temporarily suspension services at the rural Midwife Led Units (MLUs) was taken because of staffing pressures, there is a statutory duty to engage with women using the service under Section 242(c) before decisions affecting the longer term delivery of services are made.

### 2 Methodology

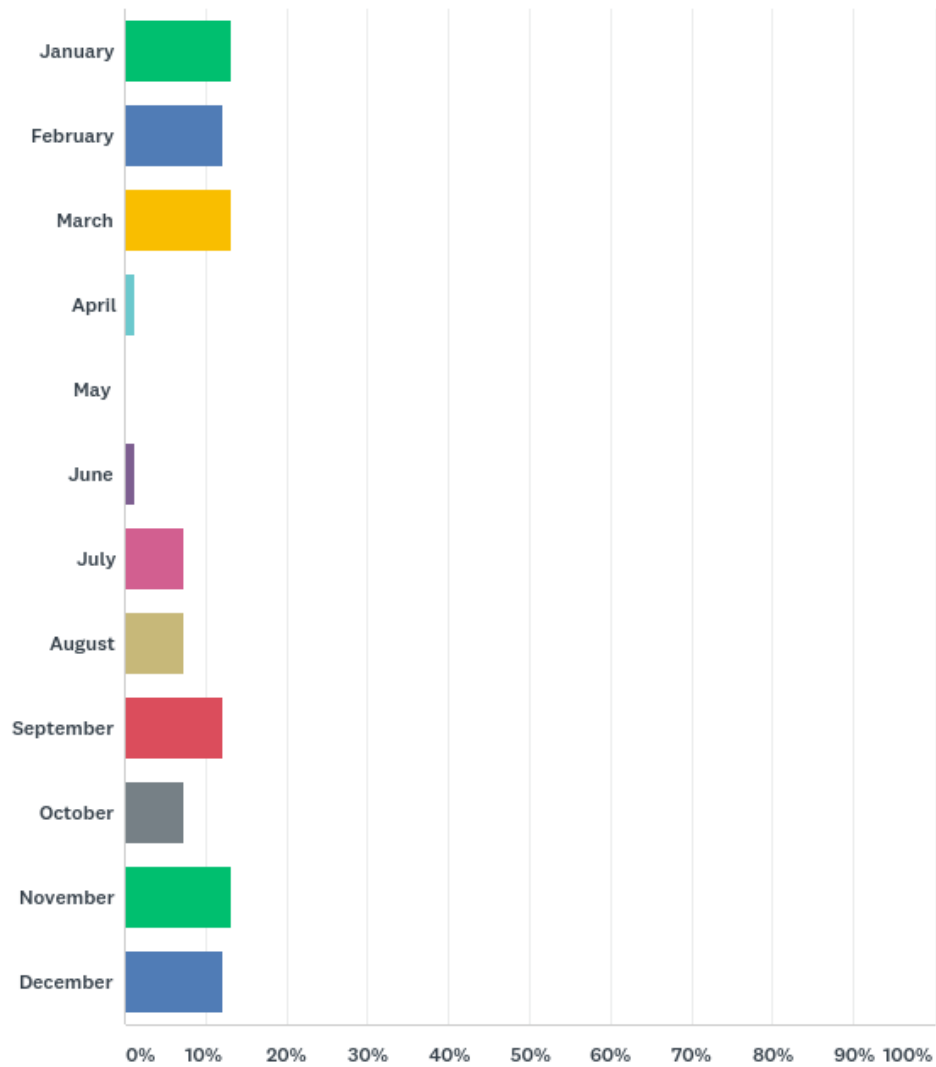
Women living in the areas supported by Ludlow, Oswestry and Bridgnorth MLU's were identified from clinical systems using postcode data. A postal invitation to complete an online survey was sent out to 465 pregnant women and 128 women who had given birth since the temporary suspension of services on 1 July 2017.

At time of writing, a total of 83 responses have been received which equates to a 14% return, with a slightly better return from women who have delivered since 01/07/17



### 3 Results

#### Q1 In which month is/was your expected due date?

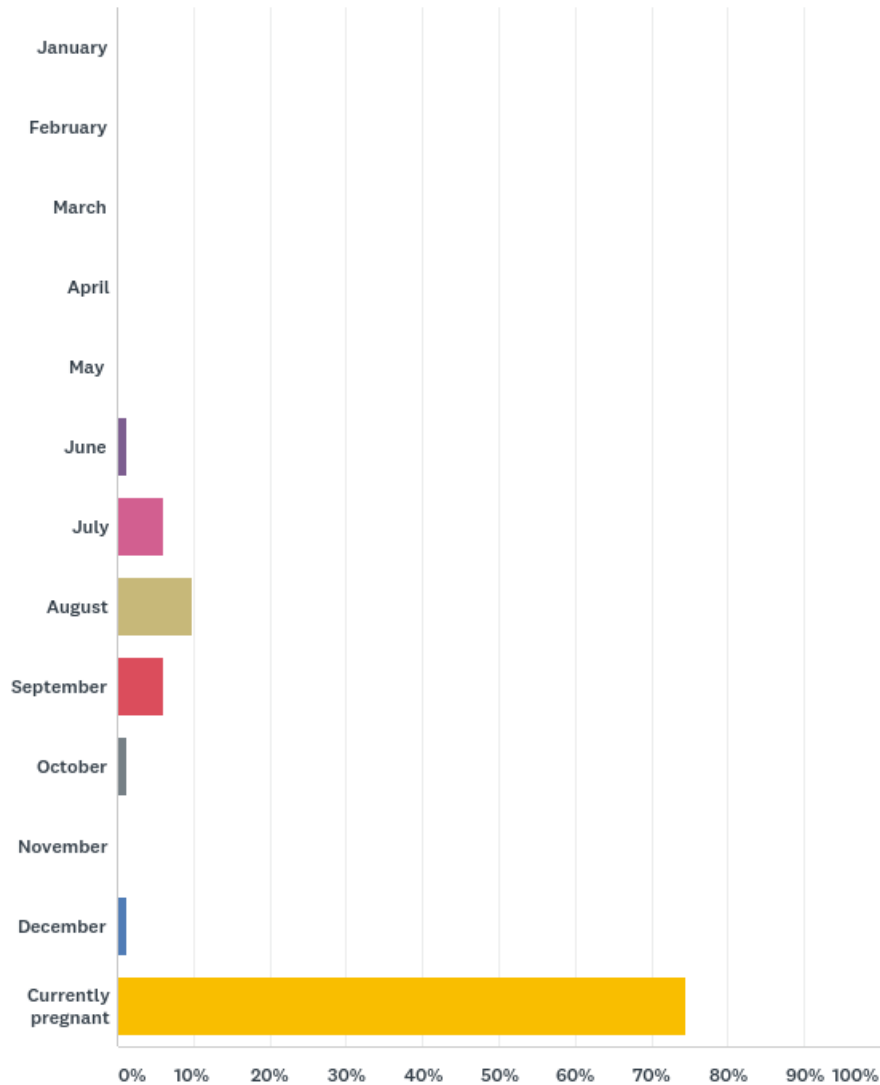


All respondents completed this question and results are, as expected, showing a fairly even spread across the 9 months from 1 July 2017.

## Q2. In which month did you give birth?

A total of 21 respondents indicate that they have given birth, three of which lie outside the dates of the temporary suspension of services.

Answered: 82 Skipped: 1

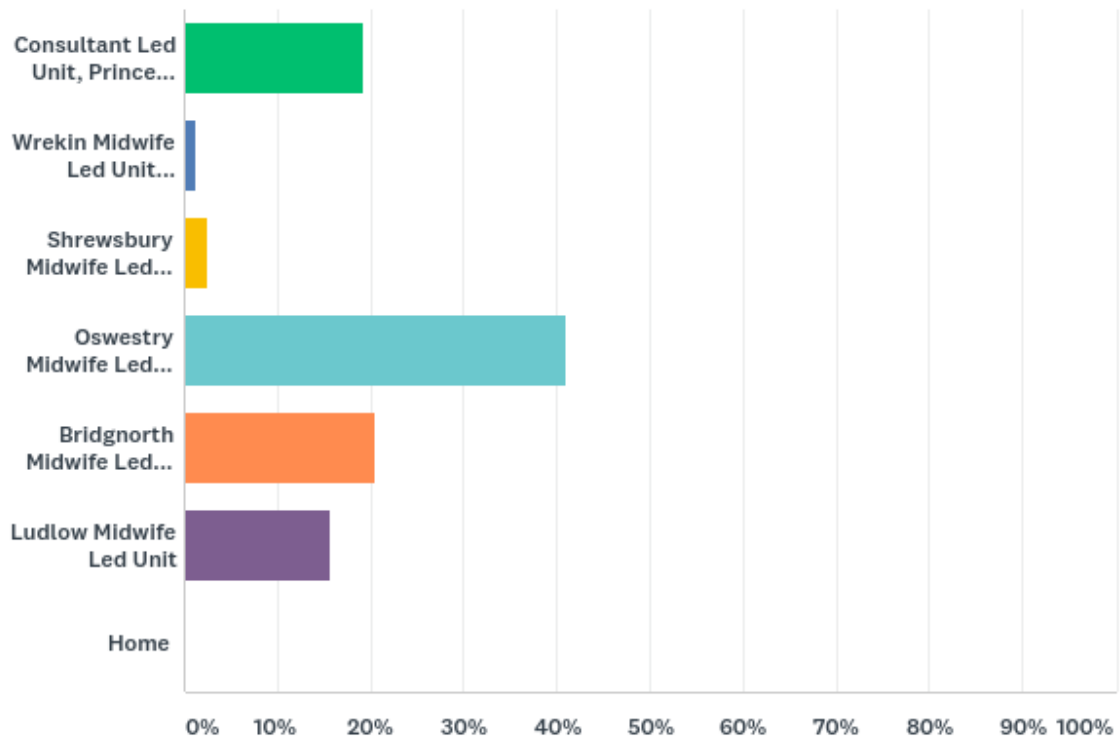


## Q3. Where did you plan to give birth before services were temporarily suspended on 01/07/2017?

A higher proportion of women who have already delivered planned to give birth in the Consultant Led unit (38%), compared to first pregnancy women (16%) and women who have had previous pregnancies (11%).

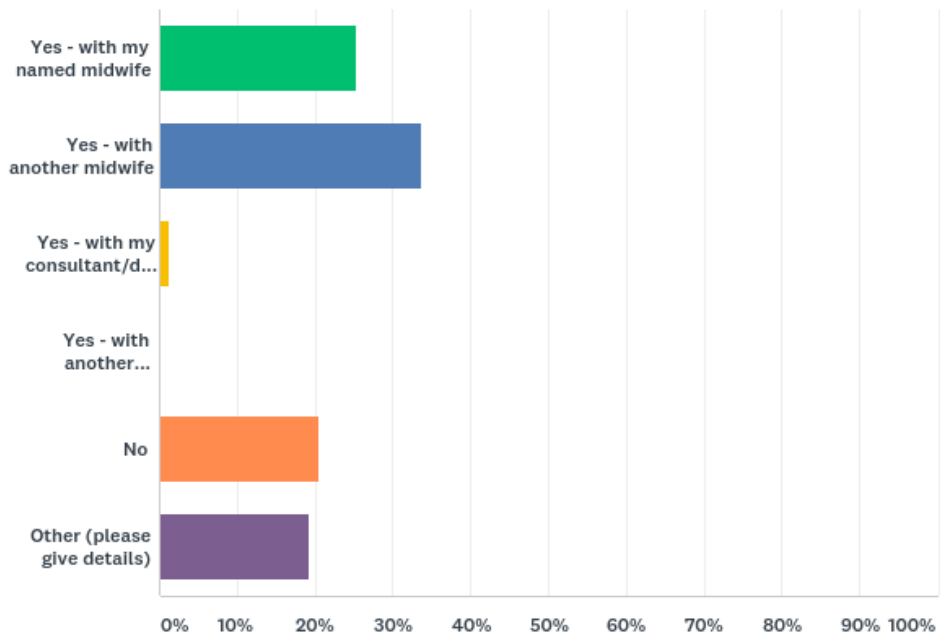
Oswestry had the highest number of planned births (41%), with the Wrekin the lowest at (1%).

Answered: 83 Skipped: 0



**Q4. Were you able to discuss changes to your birth plan because of the temporary suspension of services?**

Answered: 83 Skipped: 0



20% of respondents report that they were not able to discuss changes to their birth plan, but comments received suggest that some of these women may not have had opportunity for the discussion to take place because they still in early pregnancy; or have made alternative arrangements themselves; or do not require the conversation because their plans would not change as they were already booked into the Consultant Led Unit (19% of total).

**Q5 How satisfied were you with the communication from Shrewsbury and Telford Hospital NHS Trust about the temporary suspension of services at the rural Midwife Led Units?**

	VERY DISSATISFIED	DISSATISFIED	ACCEPTABLE	SATISFIED	VERY SATISFIED
All	20%	31%	41%	6%	2%
Already Delivered	19%	43%	33%	5%	0
First Pregnancy	20%	16%	52%	8%	4%
Subsequent Pregnancy	21%	30%	6%	6%	3%

More than half the respondents found communication from the Trust about the suspension of services to be inadequate. Women in their first pregnancy were more likely to have found communication satisfactory (64%), compared to ~51 % who were dissatisfied or very dissatisfied with communication when they had delivered or had previous experience of pregnancy.

**Q6. Is there anything we could have done to improve our communications?**

64 respondents commented in response to this question.

The main theme of these is communication.

*“Not sure but when I delivered in Telford none of the midwifery staff even realised Ludlow maternity unit was still closed for births and aftercare!”*

*“I heard about the closure on the news so wasn’t actually told it was closing and I couldn’t use it after the birth of my baby”*

*“Yes – we should have been informed far earlier – I in fact found out about the closures via Facebook”*

*“Send a comprehensive letter about planned closure to all women in the area affected informing them of their choices”*

*“Didn’t really know about it till I went to my booking in appointment”*

**Q7. Where did/do you plan to give birth after services were temporarily suspended on 01/07/17?**

	Before	After
Consultant Led Unit, Princess Royal Hospital, Telford	19%	40%
	16	33
Wrekin Midwife Led Unit (Telford)	1%	19%
	1	16
Shrewsbury Midwife Led Unit	2%	16%
	2	13
Oswestry Midwife Led Unit	41%	14%
	34	12
Bridgnorth Midwife Led Unit	20%	4%
	17	3
Ludlow Midwife Led Unit	16%	6%
	13	5
Home	0%	1%
	0	1
<b>TOTAL</b>	<b>83</b>	<b>83</b>

Significantly more women who have had previous pregnancies have planned to give birth at the Consultant Led Unit (11% - 43%), than first time mothers (16% - 24%).

The number of women choosing to keep their plans to deliver at Oswestry MLU is significantly higher than the other rural units.

**Q8. Where did you give birth?**

82% of women gave birth in the consultant led unit following the temporary suspension – **this is in line with current figures for all births**

**Q9. Which of the following considerations were most important to you when deciding where to have your baby?**

		Delivered	First	Subsequent
Travel times	81%	67%	84%	86%
Antenatal Care	37%	38%	44%	34%
The birth	75%	81%	80%	69%
Postnatal care	58%	62%	56%	57%
Care of my baby	59%	38%	80%	57%
Ongoing support	43%	29%	48%	49%

Ongoing support and breastfeeding advice feature in the comments received