

Recommendation <input checked="" type="checkbox"/> DECISION <input type="checkbox"/> NOTE	
Reporting to:	Trust Board
Date	29 th June 2017
Paper Title	Women & Children's Care Group - Maternity Services Introductory Paper for the Proposed Transitional Model of Midwifery Led Services across Shropshire
Brief Description	<p>This proposal is to advise the Trust Board and stakeholders of the current risks being balanced and managed within our Maternity Services. It also provides a summary of the risks impacting on service and the proposed 'transitional' model developed by the clinicians to mitigate risks. The Care Group have worked together to provide this summary to the Trust and wider stakeholder. The Clinical Commissioning Group (CCG) led Midwife Led Unit (MLU) is on-going and seeks to provide a medium to long-term plan in addition to strategic planning work by the Local Maternity System (LMS) Therefore, it must be reiterated that the proposed changes do not pre-empt the outcome of either review . The purpose of this paper is to describe an immediate plan to mitigate risks and maintain safety.</p> <p>Based on an holistic risk assessment the preferred option redistributes staff from units where birth activity and acuity (level of care required based on severity) is lowest – MLUs, to the area of highest birth activity and acuity – The Consultant Unit and provides alternative options for women who chose to have a midwife led birth i.e. home birth or birth in Wrekin (PRH) or Shrewsbury (RSH) Midwife Led Units.</p>
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Recommended / escalated by	
Previously considered by	N/A
Link to strategic objectives	
Link to Board Assurance Framework	

Equality Impact Assessment	<ul style="list-style-type: none">● Stage 1 only (no negative impacts identified)● Stage 2 recommended (negative impacts identified)<ul style="list-style-type: none">● negative impacts have been mitigated● negative impacts balanced against overall positive impacts
Freedom of Information Act (2000) status	<ul style="list-style-type: none">● This document is for full publication● This document includes FOIA exempt information● This whole document is exempt under the FOIA

Reporting to:	Trust Board
Title	Women & Children's Care Group - Maternity Services Introductory Paper for the Proposed Transitional Model of Midwifery Led Services across Shropshire - June 2017
Sponsoring Director	Director of Nursing, Midwifery and Quality – Deirdre Fowler
Author(s)	Care Group Director – Jo Banks Deputy Head of Midwifery – Anthea Gregory-Page Head of Midwifery – Sarah Jamieson Deputy Director of Nursing and Quality – Helen Jenkinson
Previously considered by	As part of Improving Maternity Services across Shropshire & Mid-Wales Sustainable Maternity Services considered by: Women's and Children's Care Group Senior Management Team - 22nd November 2016 Executive Team Meeting - 21st December 2016 As part of Increased Risk Paper considered by: Executive Team Meeting – 3 rd May 2017 CQRM – 27 th June 2017 Maternity Stakeholder Event – 27 th June 2017

Purpose

This proposal is to advise the Trust Board and stakeholders of the current risks being balanced and managed within our Maternity Services. It also provides a summary of the risks impacting on service and the proposed 'transitional' model developed by the clinicians to mitigate risks. The Care Group have worked together to provide this summary to the Trust and wider stakeholders. The Clinical Commissioning Group (CCG) led Midwife Led Unit (MLU) Review is on-going and seeks to provide a medium to long-term plan in addition to strategic planning work by the local maternity system (LMS) Therefore, it must be reiterated that the proposed changes do not pre-empt the outcome of either review. The purpose of this paper is to describe an immediate plan to mitigate risks and maintain safety.

Current challenge

Activity - The activity aligned to the Consultant Unit (CU) in relation to 'high risk women' and women choosing to deliver within the CU reflect the national picture of changes in demographics, epidemiology and choice; whereby activity remains high with an increasing demand at the Consultant Unit, (CU) MLU births on the whole have declined in number (appendix 1) SaTH Business planning analysis and the National Maternity Review (Better Births DH 2016). *This was a National Maternity Review looking at a five year forward plan for Maternity Care by Baroness Julia Cumberlege an independent Chair for the National Maternity Review Department of Health 2016 (appendix 2).*

Birth rate (total births) by location – (2016/17)

- Consultant Unit = 4194 (85%)
- Shrewsbury MLU = 142 (2.9%)
- PRH Wrekin MLU = 337 (6.8%)

- Ludlow MLU = 36 (0.7%)
- Oswestry MLU = 52 (1.1%)
- Bridgnorth MLU = 77 (1.6%)

Service Model

The current midwifery staffing model does not reflect or address the service demands which result in women migrating from community/MLU births to the CU due to choice or increase in their pregnancy risk status. Birthrate Plus ® supports this analysis of staffing deficit based on risk status of women and birth numbers. The most recent Birthrate Plus ® assessment was commissioned by the Care Group and completed in April 2017. Results have demonstrated that the current service model does not support the activity, which is predominantly within the Consultant Unit, furthermore, the Birthrate Plus ® report advises that staffing levels are higher within the three smaller MLU's – Oswestry, Ludlow and Bridgnorth, than the activity requires and that the service should seek to redistribute staff in addition to recruiting more staff.

Additionally, recent adverse media and continued external scrutiny have resulted in greater staffing challenges on our maternity service i.e. less midwives are willing or able to undertake additional shifts e.g. bank and overtime and an unprecedented challenge to recruit midwives.

For example, in December 2016 the maternity service had a shortfall of approximately 40 shifts for the month and the majority of these shifts were covered by staff covering extra shifts and working excess hours. However, for the last 3 months the service has seen similar shortages but an unwillingness of staff to work extra hours, above those contracted. This is demonstrated by a reduction in the number of excess hours and overtime being paid to staff and has resulted in a significant drop in the amount of overtime and excess hours being claimed for, a drop of nearly 30% in the month of May 2017, since the intense adverse media attention recommenced in April 2017.

Due to time pressures to address the challenge there are several options available to the Care Group in order to address this, these have been risk assessed and include:

1. Option - Do nothing – risk score 20

Impact on the safety of patients, staff or public (physical/psychological harm)	An event which impacts on a large number of patients
Quality/complaints/audit	Totally unacceptable level or quality of treatment/service
Human resources/ organisational development/staffing/ competence	Non-delivery of key objective/service due to lack of staff On-going unsafe staffing levels or competence
Statutory duty/ inspections	Complete systems change required
Adverse publicity/ reputation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)

The likelihood of the above consequence occurring is also a 5 based on 'Will undoubtedly happen/recur, possibly frequently'

- Reduction of availability of bank /overtime – Risk score 16
 - This is based on the inability of staff to cover the shortfalls of staff caused by vacancy and sickness – described more fully in paragraphs 2 & 3 under 'Service Model' heading above.
- Recruitment challenges - Risk score 16
 - The same risk level as above but in relation to the recruitment challenge.
- Use of agency - Risk score 16
 - This risk is almost unquantifiable due to the unknown nature or availability of agency staff in midwifery.

Impact on the safety of patients, staff or public (physical/psychological harm)	An event which impacts on a large number of patients
Quality/complaints/audit	Totally unacceptable level or quality of treatment/service
Human resources/ organisational development/staffing/ competence	Non-delivery of key objective/service due to lack of staff On-going unsafe staffing levels or competence

The likelihood of the above consequence occurring is also Risk score = 5 based on 'Will undoubtedly happen/recur, possibly frequently'

- 2. Option - Complete closure of the 3 smaller MLU's** – Oswestry, Bridgnorth and Ludlow - to fulfil the staff ratio required to meet the needs of the women on the Consultant Unit at PRH and in the two larger MLU's – RSH and PRH risk score 20

This is the impact of 'complete' closure of the units, not suspensions of some services and is scored as such under the following domains:

Impact on the safety of patients, staff or public (physical/psychological harm)	An event which impacts on a large number of patients
Quality/complaints/audit	Totally unacceptable level or quality of treatment/service
Adverse publicity/ reputation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House)
Service/business interruption Environmental impact	Permanent loss of service or facility

The likelihood of the above consequence scores a 4 on the basis that it is 'likely' but not 'almost certain' – i.e. it will probably happen/recur but it is not a persisting issue – simply because the consequence will probably happen however, it may not be a persisting issue.

- 3. Option - Preferred** - Based on an holistic risk assessment the preferred option redistributes staff from units where birth activity and acuity (level of care required based on severity) is lowest – MLUs, to the area of highest birth activity and acuity – The Consultant Unit and provides alternative options for women who chose to have a midwife led birth i.e. home birth or birth in Wrekin (PRH) or Shrewsbury (RSH) Midwife Led Units and maintains all other essential services within the community settings i.e. antenatal and postnatal (outpatient) care.

These options are activated at times of sickness/absence, annual Leave, other leave and at times of increased demand – this is in line with our Escalation Policy. As a point of note, our organisation has nearly 5000 births per year with 140 births in our MLUs, that said we must do all we can to continue to deliver a safe service for all our women, it is with this in mind that our immediate proposal is to **temporarily** suspend inpatient services (intrapartum and postnatal) at the rural MLUs to redistribute staff to the CU and the two larger MLU's at RSH and PRH. We will continue to work towards reinstating service in the smaller MLUs, possibly, with a midwifery on-call model.

There is no intention or suggestion that this temporary suspension will lead to permanent closures. The National Maternity Review (Better Births 2016) recommends the implementation of maternity community hubs and increasing continuity of carer via the implementation of a 'team' approach. Therefore, to work against this would be to ignore the recommendations of this national review. The maternity service will actively work towards achieving this through its work with the Local Maternity System (LMS) Board.

The Trust is committed to working towards the recommendations of Better Births and therefore re-iterate that this suspension is temporary, to maintain a safe service whilst other plans and reviews are considered, in addition to securing additional workforce.

Any new, or amended model should be co-produced; further and extensive consideration involving our service users, other key stakeholders and senior managers and staff from within the care group. Due to the complexity of the current service model, the intense media interest and public concern, already being voiced, it is not possible to accurately predict a timescale for the completion of such a proposal, however, the Care Group would envisage that, in order to engage fully with all stakeholders including our service users. Work should commence on this next stage as soon as approval for this interim proposal is gained and it is planned that this work should take between 12 and 24 weeks. Careful consideration has been given to the planned dates for the CCG led MLU review and discussions have been extensive between the leads for both the review and the maternity service.

Proposed Timescale

	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17
Maternity Service SaTH	Temporary Suspension Confirmed			Draft proposals for new model	Approved proposals for new model	Roll out planned for Jan 2018
CCG's	Joint meetings CCG/Maternity	Joint meetings CCG/Maternity	Joint meetings CCG/Maternity			
CCG Led MLU Review			CCG MLU Review report published	Joint meetings to align new model to recommendation	Approval	Joint launch of new model
Co-production	Service User/Maternity Meetings/Staff meetings	Service User/Maternity Meetings/Staff meetings	Service User/Maternity Meetings/Staff meetings	Service User/Maternity Meetings/Staff meetings	Service User/Maternity Meetings/Staff meetings	Service User/Maternity Meetings/Staff meetings
Wider Stakeholders	Meetings with Powys		Repeat Maternity Stakeholder Meeting			Repeat Maternity Stakeholder Meeting
Communication	Monthly update from comms	Monthly update from comms	Monthly update from comms	Monthly update from comms	Monthly update from comms	Monthly update from comms
Trust Board and Q&S Committee	Monthly update from maternity service	Monthly update from maternity service	Monthly update from maternity service	Monthly update from maternity service	Monthly update from maternity service	Monthly update from maternity s service
CQRM	Monthly update from maternity service	Monthly update from maternity service	Monthly update from maternity service	Monthly update from maternity service	Monthly update from maternity service	Monthly update from maternity service

NB. The above timescale does not take in to account recommendations arising from the secretary of state review or the RCOG invited review, due to the lack of information at the time of writing this report in terms of the predicted timescale for those particular reviews. However, the care group fully accepts that any changes in service must take in to account the wider recommendations arising out of the external reviews.

The Care Group recognises that the regular ‘temporary suspension of services’ at our MLUs is disruptive for mothers to be, their families and our staff. It is for this reason that we must explore all options this includes temporary measures which will prevent us having to suspend services at short notice, whilst ensuring we continue to provide a safe service for all users.

Current Risks and Outline of Our Actions

The following points describe the key risks to the service:

Workforce

The fragility of the Maternity workforce is such that any sickness, absence or increasing demand means that services are affected and staff will be re-distributed on an ad-hoc basis (using our Escalation Policy). Sickness absence within the Women and Children’s Care Group is 3.4% in last 12 months, and the average length of sickness is 5.5 days. Within Maternity Services absence is higher than across the Care Group at 3.79% against a Trust rate of 4.08% for the same period although the average length of sickness is slightly less at 5.2 days. We know that these figures have remained fairly steady and that Therefore, short term absence is the primary type of absence. The very nature of this means that ward managers are working reactively and with short notice to cover short periods of absence being reported on a daily basis.

For example, throughout June 2017, during almost all periods of escalation, manager's report that even when MLU's have been suspended to cover the short term sickness and staff have been moved, further sickness is then reported, adding to the level of escalation.

The episodes re is a contrast between of short term sickness absence do not give as much and longer term sickness absence which gives more opportunity to plan ahead, using pre-planned bank and excess hours to cover gaps in rotas. This effect is heightened for the Consultant Unit Wards, where the average to date for the Antenatal Ward is 4.94% (average length 4.8 days), the Postnatal Ward is 3.04% (average length 4.1 days) and Delivery Suite is 5.02% (average length 5.2 days). This situation creates pressure and leads to instability in staffing plans which impacts not only on the Consultant Unit where the sickness absence is occurring, but on the Midwife Led Units (MLU's), as staff allocated to these areas are consistently being reallocated from MLU's to work on the Consultant Unit.

The current vacancy level to Month 2 for Midwifery stands at 2.1% (3.46 Whole Time Equivalent staff (WTE). The Care Group is managing predicted vacancies (staff working notice period) of 14 WTE through proactive recruitment to Band 6 Midwifery with 3.6 WTE going through pre-employment checks currently 9.0 WTE Band 6 and 8.0 WTE Band 5 at advertisement stage. Planned start dates will be staggered from 1st August to 30th October to support service need and identified gaps in the Delivery Suite, Postnatal Ward and Wrekin MLU being allocated staff from the first wave of recruitment. In addition to these vacancies, agreement has been made to recruit to our worked overtime levels, equating to an additional 9.00 WTE going into the workforce plan. Increased support to develop team working and relationships has been implemented via Workforce Business Partner supported by the Leadership Manager, Manager; this has started with teams from all levels across the Care Group and links to the Values Based Leadership programme. Individual support is available for staff from a professional as well as personal development intervention, with fast track and expedited access to Staff Counselling, signposting to Trust Coaches and access to Resilience and Leadership development through the Values Based Leadership offer.

The Care Group have considered the option of using agency staff for a short period of time, however once considered and discussed the risk of non-attendance at short notice, lack of assurance of skill and past experience in our Trust and in other organisations the Care Group feel that the use of agency Midwives will be pursued as a last resort is not a viable option. The Care Group will continue to pursue other options such as working with other hospitals within the network to seek support, support; this work will be pursued as an option.

Links with Universities for the placement of student midwives remains in place, however the ability to mentor and support the placements will be at risk should sickness/absence continue to rise, Staffordshire and Wolverhampton University are in close contact to monitor the situation, to date, student midwives are reporting a positive learning experience.

Demand, Escalation and Risk

The Trust Escalation Policy is designed to maintain safety during times of high demand and issues such as staffing shortages, increased activity and high acuity by utilising community/midwifery led staff for support. Current trends indicate that this is happening on a more frequent basis; necessitating temporary suspensions of over-night MLU inpatient provision and staff re-distribution. This risk is on the Care Group risk register and also on the corporate risk register. The current risk score is 20 after mitigating actions.

In 2016 the Local Supervisory Authority estimated our Birth rate ratio to be 1:24 across the Maternity Services; however this was calculated with all non-clinical Midwives/managers in this amount. This demonstrated that we had enough Midwives to undertake the births to but the midwives were working in the wrong place and a further review with planning to be fit for the future was recommended, it is important to note that 90% of the Birth activity takes place at Telford Consultant Unit or Wrekin MLU (geographically located within PRH but working as a stand-alone unit). Birthrate Plus ® was therefore commissioned.

Each of the smaller MLU's (Bridgnorth, Ludlow and Oswestry) will have one Midwife on duty on the Unit in the day and one at night accompanied by a Womens Services Assistant (WSA Band 2 employed to assist the Midwife). There will be an additional community Midwife working 9am-5pm. At Shrewsbury MLU there

are two Midwives on duty during the day (for DAU) on the Unit and One at Night accompanied by a WSA and community Midwives. At Wrekin MLU there are 2 Midwives on duty day and Night with additional one WSA and Community Midwives. Please see birth numbers in table 1 below. On delivery suite where there were 4194 deliveries there are 7 Midwives on duty per 12 hour shift including the co-ordinator.

Impact on our Expectant mothers and their families

The regular temporary suspension of services at our MLUs is disruptive for mothers to-be and their families. We recognise that the intermittent service interruption in the absence of continuity may lead to a lack of confidence in the service and increased anxiety for mothers at an already stressful time. The increased anxiety and lack of service continuity does not just impact upon services relating to our MLU's. The Consultant Unit, caring for our women and babies within the highest risk category do not have a comparable ratio of midwifery staff allocated to their care, as within the low risk setting. For example, during 2016/2017 the maternity service did not achieve 100% one to one care in labour in any month. To demonstrate why this is not being achieved, it is worth noting that at 3am, 33% of our midwifery staff are in an MLU, however, MLU births account for 13.1% and Consultant Unit births account for 85.1%, therefore it is easy to see why one to one care in labour, is not achieved. The National picture of birth rate to Midwife ratios varies between 1:26-1:34. However, the NICE *Safer Staffing Guidance* (2015) and Birthrate Plus ® and the RCM (2012) currently recommend 1:35 for freestanding MLU's and 1:28 for Delivery Suite.

Co-production

The care group proposes that service users and wider stakeholders will be fully engaged with this process and will be invited to take part in monthly meetings to consider options and plans for the future model. This will be in addition and will not undermine the on-going CCG Led MLU review. The maternity service and the CCG's will continue to work closely together, meeting monthly to discuss both the review and consider the internal operational work of the maternity service. They will be further informed by monthly updates from the Trust to the CQRM. Internally communication will be via our Quality and Safety Committee and Trust Board. Staff will be fully engaged throughout the process as will their staff side representatives.

Media coverage and Media Plan

Increasing negative media coverage and scrutiny is leading to anecdotal reports of reduced confidence in clinical decision making and subsequent ability to focus and deliver safe care under the current pressures. In parallel, increases in acuity and bed occupancy in the Consultant Unit have resulted in a tired and overstretched workforce. This is beginning to impact on workforce morale and the well-being of staff within maternity services. In response to this, the Care Group has increased the number of open staff briefing sessions (supported by the Executive team) to update and share information, held listening events with staff to identify quick wins and moves to implement these, increased the availability of the Trust Values Guardians to support staff in raising concerns and increased visibility of the Senior Leadership team across the service.

- The plan outlines how we will inform our service users, the wider community, stakeholders, partner organisations, our staff and the media about the transitional plan.
- The plan includes traditional and digital methods of communication to ensure the key information – what is and what isn't available at our MLUs during the three-month period – is clear, together with an explanation for the plan.
- Women who have chosen to give birth at the three affected MLUs and are due to give birth during the three-month period will be contacted by their Midwife who will clearly explain how this will affect them and what the arrangements will be for accessing the different parts of the service during this time.
- It is planned that information will be sent to wider SaTH staff, the wider community, partner organisations and stakeholders ahead of the proposal being published and implemented.
- We will engage with the local media arranging to issue embargoed media releases and media briefings as necessary to explain the proposals on our terms.
- Given the intense scrutiny and national media attention on our Maternity Service this will need to be kept under review and the Care Group, supported by their Executive Teams are prepared for criticism and campaigns by the people concerned about the transitional plan.

Proposed transitional model – Summary of actions:

- It is proposed that in order to mitigate risks, provide safe care to our mothers-to-be and support staff during this time; the inpatient and overnight provision is suspended in three of our smaller MLU's with the least birth activity (Ludlow, Bridgnorth and Oswestry) for a minimum period of 3 months (beginning 1st July 2017).
- The MLU buildings will function as a day community based service rather than an over-night inpatient service. This will mean that all community antenatal and postnatal care will continue to be provided either within the unit during the day or in the community, however, women will not (during this period) be able to give birth in these units or be transferred to them for their postnatal care. For care in labour (intrapartum) all women will be offered birth in either RSH or PRH MLU's or the Consultant Unit. In some areas, women may wish to give birth outside of our County, for example, either at Wrexham, Hereford or another unit of their choosing. Women, will however, still be able to receive all of their community postnatal care from their local unit, either at the unit (during the day) or at their home. Additionally women can still choose to have a home birth and this will continue to be facilitated in line with their current choices. It is useful here to consider some examples although clearly this is not an exhaustive list:
 - Example 1; a woman currently booked to give birth at Oswestry MLU may choose to give birth at either RSH MLU, Telford CU, PRH MLU (Wrekin), at home or may choose to give birth at Wrexham. All of her antenatal and postnatal care in the community will continue to be provided in the usual manner, however, she will not be able to have postnatal care at Oswestry as an inpatient but can obtain this care there during the day as an outpatient, or she can have visits at home. There will be additional support available 24/7 from the existing on-call midwifery service.
 - Example 2; a woman currently booked to give birth at Ludlow MLU may choose to give birth at either RSH MLU, Telford CU, PRH MLU (Wrekin), at home or may choose to give birth at Hereford. All of her antenatal and postnatal care in the community will continue to be provided in the usual manner, however, she will not be able to have postnatal care at Ludlow as an inpatient but can obtain this care there during the day as an outpatient, or she can have visits at home. There will be additional support available 24/7 from the existing on-call midwifery service.
 - Example 3; a woman currently booked to give birth at Bridgnorth MLU may choose to give birth at either RSH MLU, Telford CU, PRH MLU (Wrekin), at home or may choose to give birth at Wolverhampton. All of her antenatal and postnatal care in the community will continue to be provided in the usual manner, however, she will not be able to have postnatal care at Bridgnorth as an inpatient but can obtain this care there during the day as an outpatient, or she can have visits at home. There will be additional support available 24/7 from the existing on-call midwifery service.
- This will release 3 midwives and 3 Support workers per night to be redistributed in a planned (rather than reactive) way to areas of high demand on the consultant unit and possibly the other MLU's (dependent upon activity) including the Antenatal Ward, Delivery Suite and the Postnatal Ward. This action supports the recommendations and evidence; of the choices that women are making and will maintain safe midwifery services within local rural areas. Furthermore, where activity is very low or zero, a further midwife in the area can be flexed to provide day attendance support and community support within the area.
- The Care Group will prioritise the work required to develop a plan over the next 24 weeks which may include a robust on-call system to allow safe staffing levels and a modern service delivery plan.
- Support to develop a recruitment and retention initiative for midwives so that gaps are filled and there is a positive energy surrounding the prospect of working and staying at SaTH.
- The Care Group will continue on-going work to develop the current workforce plan in line with Birthrate Plus ® recommendations and in partnership with their Executive Team will implement the agreed workforce plan.
- By taking this action we introduce certainty for mothers-to-be and Midwifery Services in the coming 6 months.

- The Trust will use this time with our commissioners and the LMS to develop a new model of care, fully staffed, to avoid further anxiety for our population and to allow our people to return to a positive place in delivering the ‘Safest, Kindest’ care possible for mums, babies and families.
- SaTH will be working with service users and stakeholders to ensure they are fully engaged in the process to shape the service. Head of Midwifery Sarah Jamieson is keen to hear your views. If you would like to be involved please contact her via her PA Nick Robinson by calling 01952 565996 or email nick.robinson@sath.nhs.uk
- Regular meetings are planned to consider options and future models but this work will not pre-empt the outcome of the Midwife-Led Unit review that our clinical commissioners are carrying out.

Maternity Services in Bridgnorth, Ludlow and Oswestry

During this 3 month period the maternity services available in the rural areas of Bridgnorth, Ludlow and Oswestry will include the following:

Antenatal services – Day attendees (9am – 5pm) at the MLU buildings, antenatal community (home) visiting, scanning and advice.

Intrapartum care – Home birth 24/7; using the on-call midwife service.

Postnatal services – Including day non-inpatient attendees (9am – 5pm) at the MLU buildings, postnatal community (home) visiting, and breast feeding support.

On-call midwifery – 24/7 on-call midwifery service to provide advice, support and/or home delivery.

Appendix One – Births in Units per year Shrewsbury and Telford NHS Trust

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17
Shrewsbury/Telford CU	3871	3965	3856	3983	4009	3978	3796	4001	4194
Shrewsbury MLU	503	478	550	478	421	367	235	207	142
Wrekin MLU	477	488	436	435	401	362	336	359	337
Bridgnorth MLU	86	59	98	69	68	75	68	82	77
Oswestry MLU	90	82	83	87	72	74	69	83	52
Ludlow MLU	100	77	81	86	71	62	49	51	36
Home	92	90	96	86	91	86	82	63	64
BBA/Other	15	11	19	18	21	8	19	14	26
TOTAL	5234	5250	5219	5240	5154	5012	4654	4859	4928