

Reporting to:	Trust Board – 29 March 2018																											
Title	Update on current position - Maternity Services MLU's 20 th March 2018																											
Sponsoring Director	Deirdre Fowler - Director of Nursing, Midwifery & Quality																											
Author(s)	Sarah Jamieson Head of Midwifery Jo Banks - Care Group Director																											
Previously considered by	Jo Banks - Care Group Director																											
Summary	<p>Staffing Since the re-opening of the three smaller Midwife Led Units (MLU's) on the 1st January 2018 the service has continued to have difficulty staffing those areas whilst maintaining a safe level and skill mix of staffing across the whole maternity service. This is largely due to maintaining a service in three of the MLU's 24/7 with the least activity when the majority of the activity is elsewhere. The Birthrate Plus report (April 2017) identified that the current model of care requires remodelling, redistributing and increased workforce.</p> <p>Births since January 2018</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>RSH MLU</td> <td style="text-align: center;">6</td> <td style="text-align: center;">0.6%</td> </tr> <tr> <td>Wrekin MLU</td> <td style="text-align: center;">72</td> <td style="text-align: center;">7.5%</td> </tr> <tr> <td>Oswestry</td> <td style="text-align: center;">4</td> <td style="text-align: center;">0.4%</td> </tr> <tr> <td>Bridgnorth</td> <td style="text-align: center;">10</td> <td style="text-align: center;">1.0%</td> </tr> <tr> <td>Ludlow</td> <td style="text-align: center;">6</td> <td style="text-align: center;">0.6%</td> </tr> <tr> <td>Delivery Suite Telford</td> <td style="text-align: center;">856</td> <td style="text-align: center;">89%</td> </tr> <tr> <td colspan="3" style="background-color: #cccccc;"></td> </tr> <tr> <td>Shrews & Telford Total</td> <td style="text-align: center;">934</td> <td style="text-align: center;">98%</td> </tr> <tr> <td>Total</td> <td style="text-align: center;">954</td> <td></td> </tr> </table> <p>As at 20.03.18 – 20 births at Ludlow, Bridgnorth and Oswestry As at 20.03.18 – 934 births at Shrewsbury and Telford</p> <p>Escalation Forecast In addition to the above suspensions the maternity service is still unable to cover shifts due to the numbers of staff on sickness and maternity leave. From the 24th – 26th March there are 10 shifts uncovered, escalation will be invoked to cover these shifts.</p> <p>Sickness and Maternity leave Maternity sickness rates are currently 6.7% (Feb 18) in comparison to 4.9% (Oct 17) – this is due to both long and short term sickness. The service is now recruited to staffing template, however the current maternity leave rate is 12%, this shortfall is covered using excess hours and overtime (equivalent to approx. 16.5 WTE).</p>	RSH MLU	6	0.6%	Wrekin MLU	72	7.5%	Oswestry	4	0.4%	Bridgnorth	10	1.0%	Ludlow	6	0.6%	Delivery Suite Telford	856	89%				Shrews & Telford Total	934	98%	Total	954	
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Summary cont.

Escalation

Due to staff sickness the following inpatient services have been suspended on the following occasions:

Oswestry 07.01.18 – 12 hours

Oswestry 26.01.18 – 12 hours

Ludlow 26.01.18 – 12 hours

Oswestry 28.01.18 – 12 hours

Bridgnorth 06.02.18 – 12 hours

Oswestry 09.02.18-10.03.18

Ludlow 10.03.18 - 25.03.18

Delay in Public Consultation for the revised model

The service awaits the outcome of the CCG MLU Review, which could change the model of care provision; however, this still requires a period of consultation and time to implement. It is likely that this process will take at least six months. The proposed model was released on the 30th November 2018 but the public consultation has not commenced. The delay in the public consultation has been highlighted as a risk to both the Clinical Quality Review Meeting (CQRM) and the MLU Review Programme Board. The Director of Nursing, Midwifery and Quality and the Head of Midwifery have written to both CCG's and the Programme Board, requesting an estimation of timescales involved. Responses back indicate a timescale dependent on a 7 stage NHSE assurance process which may '*last several months (maybe 4-5 months) before the process is concluded*'.

Key Risks

- Gaps in midwifery staffing may frequently evoke escalation plan to maintain safety
- Disruption to services for women and their families and uncertainty regarding their place of birth
- Disruption to staff when redeployed as part of escalation with little notice
- Increase in public concern due to increased media coverage of suspensions during escalation
- Reduction in staff morale
- Increase in staff sickness absence due to work related stress
- Increase in costs associated with back-fill for staff off sick
- Reduced public confidence due to adhoc service provision and continuity.
- Damage to Trust reputation

Fragility of Maternity Services

(Update for Executives, Q&S Committee & Trust Board)

20th March 2018

Sarah Jamieson - Head of Midwifery
Jo Banks – Care Group Director



Introduction

This paper updates the Executives, Q&S Committee and the Trust Board on the following:

- Current fragility of maternity staffing and activity.
- Findings and recommendations of Birthrate Plus workforce assessment
- Safety & Risk assessment
- Outcomes from engagement and communications

Key messages

Staffing and Activity

Since the 1st January 2018 there have been 20 births across the smaller MLUs Oswestry, Bridgnorth and Ludlow. In comparison there have been 934 births at Telford and Shrewsbury, in the same period to date. The staff required to deliver their care need to be located within the area where mothers either choose or are assessed to give birth. Since the 1st January 2018, the service required 237 shifts of midwife cover for nights, for 20 births within the 3 smaller MLUs. In order to avoid suspending services, the care group are attempting to cover sickness and absence by either requesting part-time staff to do extra hours or asking staff to 'sleep in' at the smaller MLUs either before or after a day shift. This is acceptable in the very short term, however is unsustainable in the long term.

Escalation

Due to staff sickness services in the smaller MLUs have been suspended to support activity elsewhere in the service on the following occasions:

Oswestry 07.01.18 – 12 hours

Oswestry 26.01.18 – 12 hours

Ludlow 26.01.18 – 12 hours

Oswestry 28.01.18 – 12 hours

Bridgnorth 06.02.18 – 12 hours

Oswestry 09.02.18-10.03.18

Ludlow 10.03.18 - 25.03.18

Escalation Forecast

In addition to the above suspensions the maternity service is still unable to cover shifts due to the numbers of staff on sickness and maternity leave. From the 24th – 26th March there are 10 shifts uncovered, escalation will be invoked to cover these shifts.

Sickness

Sickness has increased recently to 6.7% within maternity services (Feb 2018), whereas in October 2017 sickness was 4.9%. Maternity leave is just over 12%.

Birthrate Plus

The Birthrate Plus[®] report (April 2017) demonstrated that the activity within the 3 smaller MLU's – Oswestry, Ludlow and Bridgnorth; does not justify the staffing levels required to keep the units open for 24 hours. Furthermore, the report indicates that based on the current activity and acuity within maternity services; the Trust is required to increase staffing levels even with a change of service model). The Head of Midwifery suggested the following options to executives in May 2017.

1. Full impact of Birthrate Plus® recommendations which assumes NO CHANGE:

- no change in the current model of care.
- staff the buildings NOT the activity = £1.54m

2. Full impact of Birthrate Plus® recommendations which assumes CHANGE MODEL:

- change the current model of care and implement a skill mix of 16.66 WTE Band 3 women's support assistants and an additional 11.96 WTE midwives
- staff the activity PLUS staff a sustainable and safe model - cost £896k

Safety and Risk Assessment

Following the Transitional Model (1st July 2017-31st December 2017) the maternity service reverted to the pre-existing model of staffing the buildings across the County. This has meant that the service has reverted to enacting its Escalation Policy to ensure safe staffing of all units at all times. In order to staff Oswestry, Ludlow and Bridgnorth 24/7 from the 1st January 2018, the service has moved just over 6 WTE midwives from an area of greatest need based on activity and acuity to the areas of lowest need (smaller MLUs). Staff have been redeployed on an ad-hoc basis, in line with Escalation Policy in order to provide safe care where it is required.

Delay in Public Consultation

The service awaits the outcome of the CCG MLU Review, which could change the model of care provision; however, this still requires a period of consultation and time to implement. It is likely that this process will take at least six months. The proposed model was released on the 30th November 2018 but the public consultation has not commenced. The delay in the public consultation has been highlighted as a risk to both the Clinical Quality Review Meeting (CQRM) and the MLU Review Programme Board. The Director of Nursing, Midwifery and Quality and the Head of Midwifery have written to both CCG's and the Programme Board, requesting an estimation of timescales involved (letters and response to accompany paper).

The following risks are identified:

- Safety will be compromised within the highest risk units due to a reduction in staff in the three high risk areas (consultant unit delivery suite, postnatal ward and antenatal ward)
- Disruption to services for women and their families and uncertainty regarding their place of birth
- Disruption to staff when redeployed as part of escalation with little notice
- Increase in public concern due to increased media coverage of suspensions during escalation
- Reduction in staff morale
- Increase in staff sickness absence due to work related stress
- Increase in costs associated with back-fill for staff off sick
- Reduced public confidence due to adhoc service provision and continuity.
- Damage to Trust reputation

Outcomes from engagement and communications

A comprehensive communications and engagement plan has been implemented to ensure that the care group engages and communicates with staff, the public (particularly service users) and stakeholders about the current fragility of maternity services.

Outcome from engagement and communications will be available to the Trust Board on the 31st May 2018.