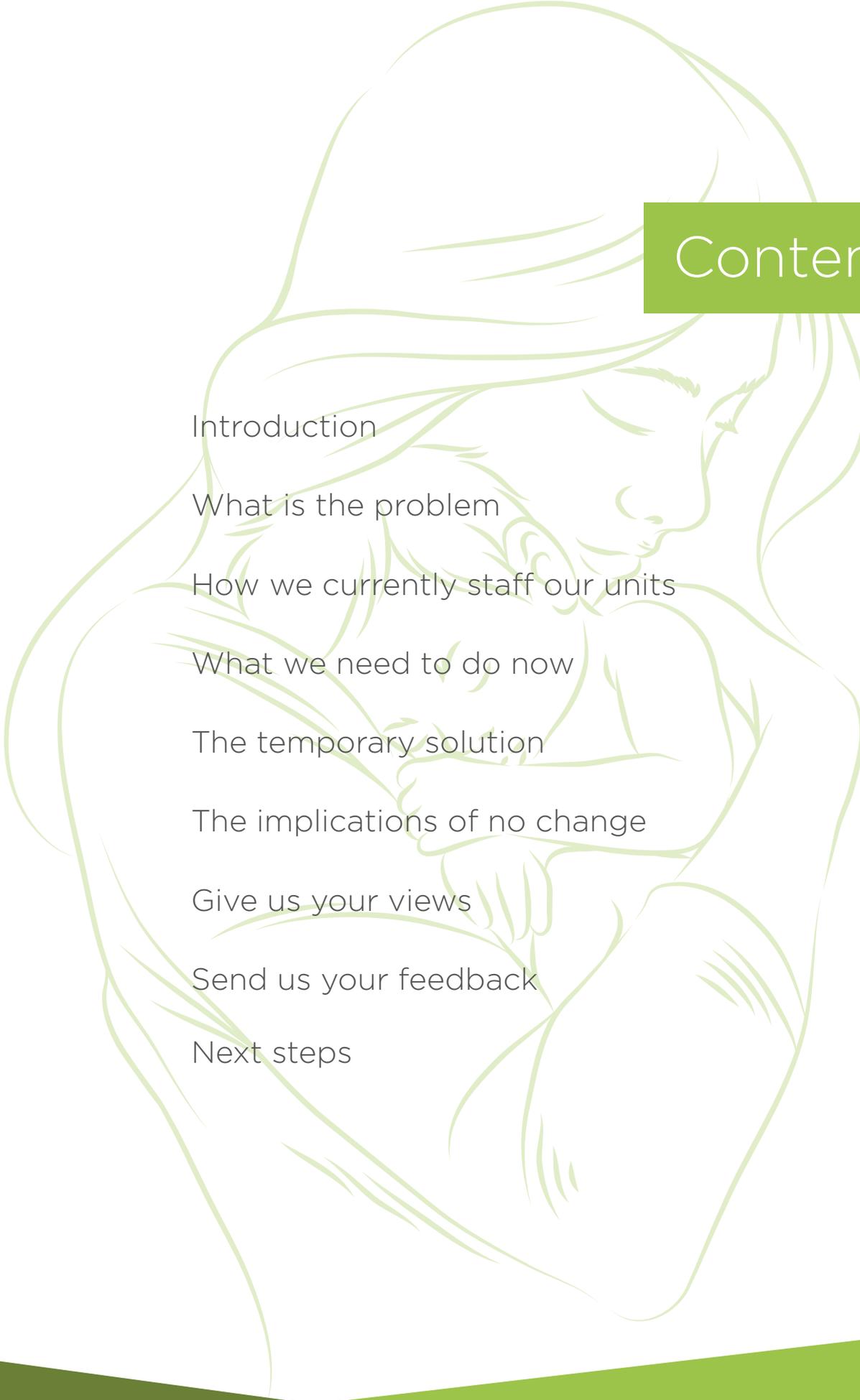


Addressing operational pressures across our maternity service

Our engagement document

July 2018





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Introduction

We know that all the staff in our maternity service across Shropshire and Mid Wales are working extremely hard to provide the best possible care that they can. But we also know that things could be better, for mums-to-be and their families, and staff.

Every day our maternity service is facing significant operational pressures. The pressures are being felt particularly within the Midwife Led Units, as more mums-to-be either need to or are choosing to give birth in the Consultant Unit and staff from other units are deployed to support them there.

These pressures have led to a number of adhoc, two and four-week suspensions of inpatient maternity services at Bridgnorth, Ludlow and Oswestry. These suspensions have been made under the Trust's escalation policy to ensure midwives are where our mums are, to maintain women's safety.

The safety of women and babies using our maternity service continues to be our number one priority. Staffing levels are an important factor in delivering a high-quality, safe service for women and their babies and we are continuing to work to make sure we have the very best teams in the right place. However, as a result of our mums continuing to give birth away from our rural Midwife Led Units we anticipate our current operational pressures to continue for the foreseeable future.

We are therefore starting a six-week period of engagement about a proposal to extend the period inpatient services are temporarily suspended in our rural Midwife Led Units (in Bridgnorth, Ludlow and Oswestry) until a new long term sustainable model of care can be implemented by our clinical commissioning groups. The purpose of the engagement is to understand how this might affect women and families using our service and how we might lessen any impacts to best meet the needs of women using services at this time.



The engagement period will run from Tuesday 3 July until midnight on Monday 13 August 2018 and we would like to encourage people with an interest in Shropshire's maternity service to review this document and to complete a questionnaire. We would like to hear from local people, and particularly women and families using our maternity service, to understand how we can best meet their needs.

This document describes what we need to do to address these immediate pressures experienced by our service, as well as the implications of no change. This engagement is separate from the work being undertaken by Shropshire, and Telford and Wrekin Clinical Commissioning Groups to develop a new long-term sustainable model of care which will be subject to formal public consultation in due course.

What is the problem?

Despite our recent successful recruitment programme which allowed us to reopen the Midwife Led Units in Bridgnorth, Ludlow and Oswestry we are seeing 98% of our mums either needing or choosing to give birth in our Consultant Unit in Telford and our two larger Midwife Led Units. Only 2% of our mums are giving birth in our rural Midwife Led Units and it is important our midwives are where our mums are.

This has meant that at times we have had to move our midwives from those rural units into the Consultant Unit to ensure we maintain a safe, high quality service. The safety of women and babies using our maternity service continues to be our number one priority and staffing levels are an important factor in delivering a high quality and safe service. We continue to work to make sure we have the very best teams in the right place.

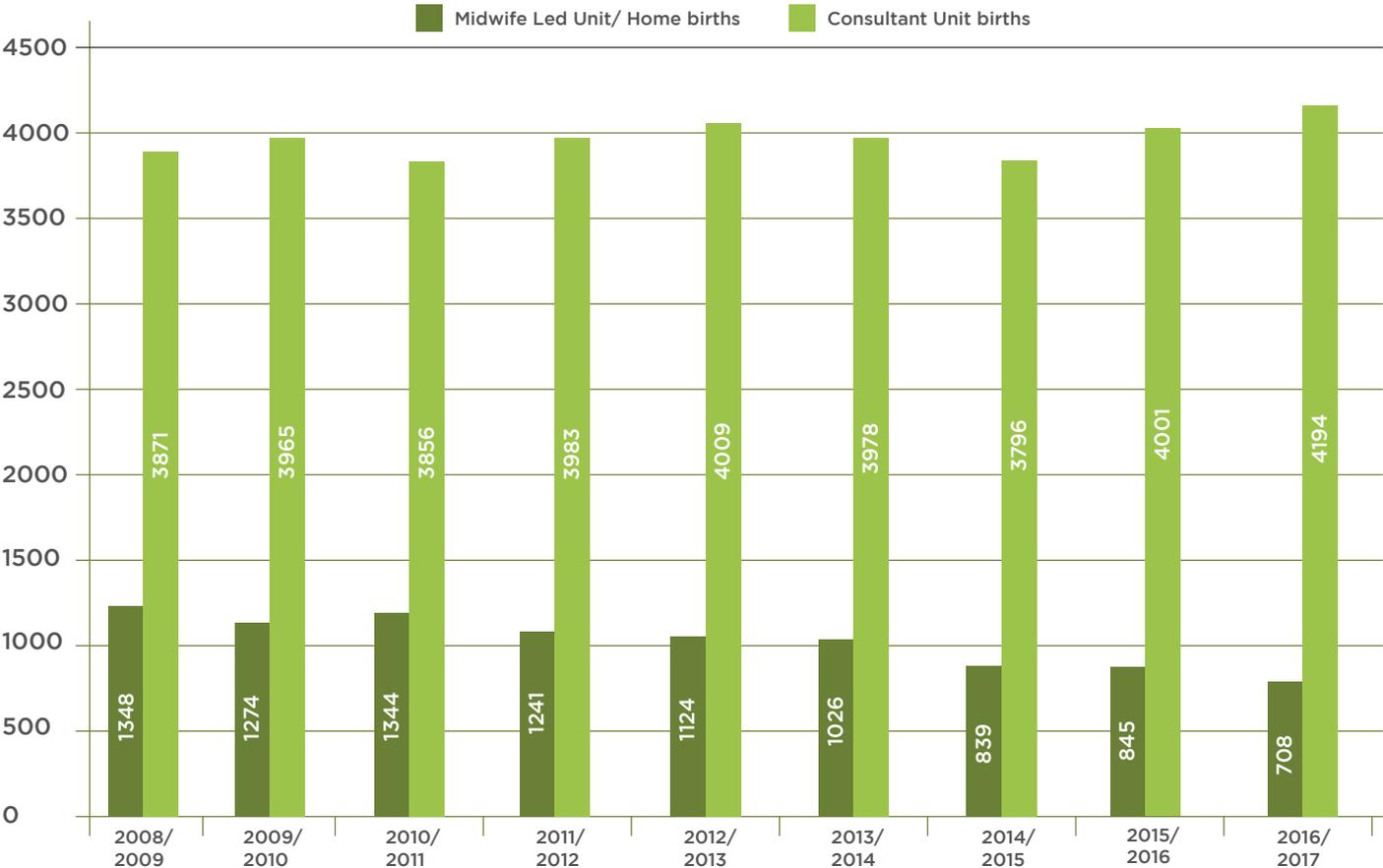
However, we know that these changes can cause uncertainty for women and their families. This is why we would like to hear from local people, and particularly women and families using our maternity service to understand how we can best meet their needs until a new long-term sustainable model of care proposed by Shropshire, and Telford and Wrekin clinical commissioning groups can be fully implemented.

The maternity service in Shropshire functions as a 'hub and spoke model'. The hub being the Consultant Unit at The Princess Royal Hospital in Telford and the spokes being the five Midwife Led Units in Shrewsbury, Telford, Bridgnorth, Ludlow and Oswestry. We also provide antenatal clinics and postnatal clinics in Market Drayton and Whitchurch.

We have run the maternity service in Shropshire in much the same way for over 30 years despite changes in our population. These changes - an increase in the numbers of women: with a high body mass index (BMI); having babies much later in life; and those with mental health issues and complex social problems - require extra levels of care. And this contributes to the increase in mums-to-be using our Consultant Unit.

Since 2008 we have seen the number of births in our Midwife Led Units decline. In 2008/09 there were 1348 births in our rural Midwife Led Units. By 2016/17 this number had declined to 708. There are many reasons for this decline, however it is very much in line with the national birth trends described in the *National Maternity Review, Better Births* published in 2016. In the report women are described as becoming more risk averse and requiring reassurance of giving birth close to obstetric and neonatal services.

This chart shows numbers of births in both our rural midwife led units and our Consultant Unit:



*2017/18 figures have not been used as they are not comparable as the Midwife Led Units in Bridgnorth, Ludlow and Oswestry were closed from July to December 2017

Since 2008/09 we have seen a 52% reduction in births at our Midwife Led Units and at home. In 2008/09 these accounted for 26% of our activity. In 2017 this was 14% (including home births). Of these births 3% of them took place in our rural Midwife Led Units. Our most recent figures demonstrate that 98% of births take place at the Consultant Unit and our two larger Midwife Led Units in Shrewsbury and Telford, and just 2% of births take place in our rural Midwife Led Units in Brignorth, Ludlow and Oswestry.

To date we have not permanently moved our staff to take account of this increase in births in our Consultant Unit. This has meant that there have been many occasions when maternity staff have staffed empty Midwife Led Units. It also means that we are sometimes unable to provide adequate cover where we need to and is sometimes why we need to move staff from one unit to another (under our escalation policy) to ensure our midwives are where our mums are, which has meant closing units at short notice.

We believe that all of our women deserve one to one care in labour (this means that a midwife cares for just one woman in labour at a time, not several). In order to provide that level of care we must ensure that we have midwives in the same place as mums to be.

When we have peaks in activity or need to cover staff sickness we use our escalation policy to ensure that there are enough midwives to care for our women and provide one to one support during labour. Using the escalation policy means that we deploy staff from our Midwife Led Units, our on-call midwives and our community midwives. This disrupts the normal working of the service in the community and Midwife Led Units. For example, it results in the temporary suspension of inpatient services in our midwife led units and means that non-urgent community visits are cancelled and rescheduled.



Most of the Midwife Led Unit activity is during the day as we have a large number of outpatient appointments and midwives using the units as a base for their community work. There is limited activity overnight and as we have already described, numbers of births are low and frequently there are few or no postnatal inpatients.

We know that women have valued the postnatal element of care provided by our midwife led units but only 10% of our women have been able to benefit from this, as the majority of women either require extra levels of care in our Consultant Unit or they want to be cared for at home after they have had their baby

Number of births across the Trust's maternity service:

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

*2017/18 figures have not been used as they are not comparable as the Midwife Led Units in Bridgnorth, Ludlow and Oswestry were closed from July to December 2017

How we currently staff our units

Our midwives work across the whole of the maternity service, rotating as professional and service needs arise. As well as providing a service in our Consultant Unit and Midwife Led Units our midwives provide a full community midwifery service which includes supporting and educating mums on issues (such as selfcare in pregnancy, birthing techniques and breastfeeding, homebirths) and on-call support.

As well as midwives, care is also provided by support staff, including women services assistants, housekeepers and ward clerks.

At the moment this is how our midwifery staffing would look on a night shift:

	Midwives on a shift	Midwives on call
Consultant Unit		
Delivery Suite	7	0
Antenatal Ward	2	0
Postnatal Ward	3	0
TOTAL	12	0

	Midwives on a shift	Midwives on call
Midwife led units		
Telford	2	0
Shrewsbury	1	0
Bridgnorth	1	0
Oswestry	1	0
Ludlow	1	0
TOTAL	6	6 (3 teams of 2 on-call midwives for home births)

% staff in Midwife Led Units/on-call

50%

There are 12 midwives covering our Consultant Unit and 12 midwives covering our Midwife Led Units (6 of which are on-call for home births).

Whilst 2% of our births are at home or in Midwife Led Units, 50% of staff are required to support these births.

This is why we have needed to revert to our escalation policy, to redeploy midwives to maintain women's safety and ensure our midwives are where 98% of our mums are.

What we need to do now

We expect these operational pressures to continue going forward which is why we are proposing to extend the period services are suspended in our rural Midwife Led Units until a new long term sustainable model of care can be implemented by our Clinical Commissioning Groups.

The temporary solution:

To extend the period inpatient services are temporarily suspended in our rural Midwife Led Units until a new long term, sustainable model of care can be implemented by our Clinical Commissioning Groups.

The advantages:

- Women would be able to plan in advance the next best birth location for them
- This would allow us to bring our staff together in fewer units, meaning that we would adequately provide safe levels of care at all times
- We would not need to have as many adhoc temporary suspensions at short notice
- Staff would not staff empty buildings

The disadvantages:

- It would impact all mums-to-be who would like to give birth in our rural Midwife Led Units in Bridgnorth, Ludlow and Oswestry

The implications of no change

The advantages:

- Inpatient services at all three rural units would remain open some or all of the time, dependent upon activity levels across the service

The disadvantages:

- Based on activity since January 2018, it is almost certain that there would be frequent suspensions to ensure our midwives are where our women are (for example inpatient services in all three units Bridgnorth, Oswestry and Ludlow have been suspended since 20th May 2018)
- It would impact our staff who would be deployed at short notice to other units and locations
- This would be disruptive to women and their families as it does not allow them to forward plan as there is very little notice of suspensions
- Impacts all mums-to-be who would like to give birth in our rural maternity units in Bridgnorth, Ludlow and Oswestry

Give us your views

From Tuesday 3rd July until Midnight on 13th August 2018 we will be seeking your views on the temporary proposal as described above to address the current operational pressures across our maternity service.

After reading this information we hope you will complete our questionnaire which can be accessed on the maternity service section of our website <https://www.sath.nhs.uk/wards-services/az-services/maternity/> or using the hard copy at the back of this document.

We would like to hear from local people, and we are particularly seeking the views of women and families who have recently used or are currently being supported by our maternity service to understand how we can best meet their needs.

We will also be undertaking a programme of targeted conversations with women and families currently using our maternity services. If you would like to take part in a discussion group please contact your midwife in the first instance for more information. We will also be liaising with patient representative groups such as HealthWatch and Powys Community Health Council.

Send us your feedback

From Tuesday 3rd July until midnight on 13th August 2018, you can let us know your views by either;

-  **Calling us to request a hard copy be sent to you** - call us on 01743 261000 ext 3840
-  **Completing the online survey:** <https://www.surveymonkey.co.uk/r/1804SaTHMS2>
-  **Sending a completed hard copy (there is one at the back of this document) to us at:** Community Engagement Team, Stretton House, Royal Shrewsbury Hospital, Mytton Oak Road, Shrewsbury SY3 8XQ

If you or someone you know needs the document in another language or format you can also:

Email us - at sth-tr.maternity@nhs.net



Next Steps

When the engagement period closes at Midnight on 13th August 2018, all the feedback will be analysed by the Community Engagement team, which is a department outside of the Women and Children's Care Group.

A report summarising the feedback will be produced and will be considered by the Care Group and used to inform a Board paper. This paper will set out a recommendation regarding how to address the current operational pressures until a new long term sustainable model of care proposed by our Clinical Commissioning Groups can be implemented.

The recommendation and feedback will be considered by the Trust Board at its meeting on 27th September 2018 which will be held in public. At this meeting the Board will consider the paper and report and make a decision about how best to address the current operational pressures going forward.

We will publish the feedback report on our website and make sure people know when it is available. We will also widely communicate the Board's decision.

The current suspension of inpatient services at the three rural Midwife Led Units will continue until the outcome of the engagement is known.

The units will remain open between 8am and 8pm for antenatal and postnatal outpatient services. Likewise homebirths will not be affected.



Questionnaire regarding the proposed future suspension of inpatient services in midwife-led units in

This questionnaire asks for your views on our proposal to extend the period inpatient services are temporarily suspended in our rural Midwife Led Units, until a new long-term sustainable model of care can be implemented by our Clinical Commissioning Groups.

This questionnaire will be available to complete from 3 July 2018 until midnight on 13 August 2018

Full details on the proposed action can be found in the Addressing operational pressures across our maternity service: Our engagement document which can be accessed on the maternity services section of our website and at <https://www.sath.nhs.uk/wards-services/az-services/maternity/mlu/>

Please be aware, we are not able to respond to questions or complaints that are submitted as a response to this questionnaire, these need to be sent to complaints@sath.nhs.uk

1. How strongly do you agree or disagree with the following statement:

There are convincing reasons to extend the temporary suspensions of inpatient services at Oswestry, Bridgnorth and Ludlow Midwife Led Units.

Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. Are there any advantages and disadvantages of the proposed changes which we haven't considered in our engagement document?

3. Is there anything the Trust could do differently, or are there alternative solutions you would like the Trust to consider?

4. Who do you think would be most affected by the changes?

5. Is there anything we can do to lessen the impact of any changes?

6. We will continue to listen to women who have chosen to give birth in Bridgnorth, Ludlow and Oswestry directly.

Is there any additional information we need to make available, and how or where should it be provided?

7. Is there anything else that you think we should take into account when making any further decisions regarding the temporary suspension of services at the rural Midwife Led Units?

8. If you are currently pregnant and a user of our services - where are you booked to give birth?

- | | |
|--|--|
| <input type="checkbox"/> Home | <input type="checkbox"/> Shrewsbury Midwife Led Unit |
| <input type="checkbox"/> Bridgnorth Midwife Led Unit | <input type="checkbox"/> Telford Midwife Led Unit (Wrekin) |
| <input type="checkbox"/> Ludlow Midwife Led Unit | <input type="checkbox"/> Telford Consultant Unit |
| <input type="checkbox"/> Oswestry Midwife Led Unit | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Other (please specify) | |

9. If you are booked to have your baby at Telford Consultant Unit was this your choice or because of medical need?

- Personal Choice
- Medical need
- Don't know

About you

Please complete as many of these questions as you can. Your answers will help us to understand who has taken part in the questionnaire.

10. What is your postcode?

11. Which of the following best describes you?

- | | |
|--|---|
| <input type="radio"/> A patient or member of the public | <input type="radio"/> NHS board member/governor/non-executive director |
| <input type="radio"/> A staff member in the Trust's maternity services | <input type="radio"/> Another type of NHS colleague (e.g. management, administration, clinical support) |
| <input type="radio"/> Healthcare professional | <input type="radio"/> Third sector/voluntary/charity worker |
| <input type="radio"/> Other (please specify) | |

12. What is your gender?

- Male
- Female
- Transgender
- Prefer not to say

13. If female, are you currently pregnant or have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say
- Other (please specify)

14. What is your age?

- | | |
|--------------------------------|---|
| <input type="radio"/> Under 16 | <input type="radio"/> 60-74 |
| <input type="radio"/> 16-24 | <input type="radio"/> 75+ |
| <input type="radio"/> 25-34 | <input type="radio"/> Prefer not to say |
| <input type="radio"/> 35-59 | |

15. Which of the following best describes your sexual orientation?

- | | |
|---|---|
| <input type="radio"/> Heterosexual / straight | <input type="radio"/> Bisexual |
| <input type="radio"/> Gay | <input type="radio"/> Other |
| <input type="radio"/> Lesbian | <input type="radio"/> I would prefer not to say |

16. What is your ethnicity?

- | | |
|---|--|
| <input type="checkbox"/> White - English / Welsh / Scottish / Northern Irish / British | <input type="checkbox"/> Asian/Asian British - Pakistani |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian/Asian British - Bangladeshi |
| <input type="checkbox"/> White - Gypsy or Irish Traveller | <input type="checkbox"/> Asian/Asian British - Chinese |
| <input type="checkbox"/> Any other White background- please give details below | <input type="checkbox"/> Any other Asian background, please give details below |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups - White and Black Caribbean | <input type="checkbox"/> Black/African/Caribbean/Black British - African |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups -White and Black African | <input type="checkbox"/> Black/African/Caribbean/Black British - Caribbean |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups -White and Asian | <input type="checkbox"/> Any other Black / African / Caribbean background, please give details below |
| <input type="checkbox"/> Any other Mixed / multiple ethnic background - please give details below | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Asian/Asian British - Indian | <input type="checkbox"/> Any other ethnic group, please give details below |
| <input type="checkbox"/> Other (please give details) | |

17. Are you:

- | | |
|--|---|
| <input type="radio"/> Single | <input type="radio"/> Separated (but still married or in a civil partnership) |
| <input type="radio"/> Living in a couple | <input type="radio"/> Divorced/dissolved civil partnership |
| <input type="radio"/> Married/civil partnership | <input type="radio"/> Widowed/surviving partner/civil partner |
| <input type="radio"/> Married (but not living with husband/wife/civil partner) | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other (please specify) | |

18. Do you look after someone at home who needs support due to illness, disability or age?

- Yes
- No
- Don't know

19. Do you consider yourself to have a disability?

- Yes
- No
- Not sure
- Prefer not to say

20. What is your religion?

- | | |
|---|---|
| <input type="radio"/> No religion | <input type="radio"/> Jain |
| <input type="radio"/> Buddhist | <input type="radio"/> Jewish |
| <input type="radio"/> Baha'i | <input type="radio"/> Muslim |
| <input type="radio"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) | <input type="radio"/> Sikh |
| <input type="radio"/> Hindu | <input type="radio"/> Prefer not to say |
| <input type="radio"/> Other (please specify) | |

21. If you would like to know the outcome of the engagement, please leave your email address below:
(your email address will not be used for any other reason or passed to any third parties)



The Shrewsbury and Telford Hospital NHS Trust

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