

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

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Introduction

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

- Current instability of maternity staffing and activity
- Findings and recommendations of Birthrate Plus workforce assessment
- Safety & Risk assessment
- Update on engagement and communications
- Options for consideration
- Recommendations

Key messages

Staffing, activity & safety

Since the 1st January 2018, 98% of women have given birth in Telford or Shrewsbury with 2% giving birth in the three smaller MLUs Oswestry, Bridgnorth and Ludlow. In order to avoid suspending services, the care group have explored options to cover sickness and absence by either requesting part-time staff to do extra hours (Approx. cost 50-60K/month) or asking staff to 'sleep in' at the smaller MLUs either before or after a day shift. This was tolerable in the very short term, however is unsustainable in the long term. As a result of continued sickness and maternity leave levels the service is unable to sustain keeping the 3 smaller MLU's open 24/7, as 98% of the activity is elsewhere. This has meant a number of ad-hoc suspensions in line with our escalation policy and on the grounds of safety.

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	27.03.18 - 28.03.18
Oswestry	26.01.18 – 12 hours	Ludlow	07.04.18 – 08.04.18
Ludlow	26.01.18 – 12 hours	Oswestry	21.04.18 – 06.05.18
Oswestry	28.01.18 – 12 hours	Ludlow	22.04.18 – 20.05.18
Bridgnorth	06.02.18 – 12 hours	Oswestry	06.05.18 – 20.05.18
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 unable to cover shifts due to the numbers of staff on sickness and maternity leave. From the 20th May over a 4 week rota there are 45 shifts uncovered across Bridgnorth, Ludlow and Oswestry and 95 shifts uncovered across Telford and Shrewsbury. Escalation will be invoked to cover these shifts, in order to maintain safe staffing levels across the service, meaning that Bridgnorth, Ludlow and Oswestry will have inpatient care suspended.

Sickness

Maternity sickness across the service is 3.95% however within some of the clinical areas this is as high as 7%. Maternity leave is just over 13.5 WTE.

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 activity and acuity within maternity services at the time of the staffing assessment; the Trust would require increased 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

It is of note that since the staffing assessment, activity has reduced further by approximately 1 birth per day.

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 progress to implement CCG MLU review and 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. The care group have been advised that this consultation will not run alongside the Future Fit consultation and as such caused further delay. 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 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 (poor patient experience)
- Disruption to staff when redeployed as part of escalation with little notice (staff dissatisfaction)
- 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

Update on engagement and communications

A comprehensive communications and engagement plan was planned to enable us to inform the Trust Board of the outcome on the 31st May 2018. Following discussion with the executive team the Care Group sought external support with the engagement plan, to ensure transparency and openness and commissioned the services of Hood & Woolf.

There have been extreme operational demands during this period of time causing delay in the implementation of the engagement plan. This was planned to launch on the 14th May, however, the Care Group and Hood and Woolf are now liaising with NHSE and NHSI regarding some concerns raised. At the time of writing this paper the updated engagement plan is not available but may be available at the time of the Trust Board.

Options for consideration

Options:

1. **Do nothing** – this option is not considered safe.
2. **Increase in midwifery staffing levels** - meet the recommendations of Birthrate Plus (based on the current model) until such a time as the new model of care as proposed by the CCG MLU Review can be implemented fully. The cost of staffing this is approximately £1.5m.
3. **Continuation of suspension of services** - inpatient services and births are currently suspended in the three smaller MLU's – Oswestry, Bridgnorth and Ludlow until such a time as the new model of care as proposed by the CCG MLU Review can be implemented fully.
4. **Implementation of an on-call model** – the service could support an on-call model for the small number of births at the 3 smaller MLU's as an interim model of care whilst awaiting the outcome of the CCG Led MLU consultation. In order to support womens' choice and maintain services in the 3 smaller MLUs until a sustainable model is achieved, the Care Group could trial this model, however this needs approval from both the Trust and CCG's along with NHSE/NHSI.

Recommendations to Trust Board

There have been extended delays in the public consultation on the CCG Led MLU review and the maternity service continues to escalate, despite some of our services being suspended. In considering the all of the above recommendations, the Care Group advises that there are only two viable safe options; continuation of the suspension of services or the implementation of a trial on-call model. At the point where the Trust were due to commence engagement, concerns were raised by NHSE, NHSI and the CCG's, regarding the

potential to undermine the outcome of the CCG Led MLU review. NHSE and NHSI have requested a joint meeting with them, the CCG's and Trust and have advised that we reach a collective decision. Additionally, the Trust is willing to respond to any formal directive from the Commissioners to adapt the current model of maternity service provision in the MLUs.

The Care Group recommend that the outcome of the meeting on June 7th is known before proceeding to engagement on the 'on call' midwifery model.