Health and Adult Social Care Scrutiny Committee
24 July 2017

QUESTIONS SUBMITTED TO SHREWSBURY AND HOSPITAL TRUST REGARDING MATERNITY SERVICES ON 20 JULY 2017

THE FOLLOWING RESPONSES HAVE BEEN RECEIVED THIS MORNING, 24 July 2017

1. **What is the maternity bed capacity when all 3 hospitals are open plus the RSH and PRH?**

Delivery Suite – PRH Consultant Unit	13 beds 2 theatres plus recovery 1 bereavement room 1 pool room
Antenatal Ward PRH Consultant Unit	13 beds Triage – 4 beds 1 bereavement suite
Postnatal Ward PRH Consultant Unit	23 beds Transitional Care incorporated within
Wrekin Midwife Led Unit	13 beds 4 labour rooms/pool room
RSH Midwife Led Unit	13 beds (inc DAU) 3 labour rooms/pool room
Oswestry Midwife Led Unit	6 beds 2 labour room/pool room
Ludlow Midwife Led Unit	4 beds 1 labour room 1 pool room
Bridgnorth Midwife Led Unit	4 beds 1-2 labour rooms/pool room

2. **How often are all the beds full?**

The postnatal beds are often full and see averages of 10-12 discharges and admissions per day. The consultant unit delivery suite deliver an average of 11 per day (24hrs). Bed fill varies at the smaller MLU's and there is very often only 1 woman in each of the 3 smaller MLU's (Ludlow, Oswestry and Bridgnorth). The two larger MLU's at RSH and PRH have higher bed occupancy, 2-3 at RSH and 3-6 at PRH MLU (Wrekin).

3. **Are we offering more home births?**

We are still offering home births, we have not as yet seen an increase in numbers due to the temporary suspensions.

4. **What will the capacity be with Bridgnorth , Oswestry and Ludlow closed?**

Antenatal and postnatal activity will remain the same with the removal of postnatal inpatient stays, there will be no births and this may account for between 3-4 births per week across all 3 units. The consultant unit and the 2 larger MLU's are well equipped to deal with the extra intrapartum activity as this equates (on average) to one birth per week per unit.

5. **How many staff do we need to run all 5 hospitals and how many do we have? Are they all being used at RSH and PRH?**

To run all 5 midwife led units plus the two community bases at Whitchurch and Market Drayton we need 93.99 WTE midwives– we currently have 80.93 WTE midwives – however, we do not currently skill mix appropriately – i.e. we should skill mix utilising Band 3 support workers to support the midwifery workforce – if we did this, and we plan to as per our workforce plan – we would need an additional 2.4 WTE midwives and 10.66 WTE care support workers to adequately staff these units. The business case for the implementation of Birthrate Plus is in progress.

6. **Are we sure the capacity is at the right level to cope with demand?**

See question 4.

7. **And that no mother will be left waiting to be induced if a maternity bed is not available - as in a case of a baby death review?**

The closure of these units would not impact on induction of labour – either the rate of inductions or the capacity to do them as they are always treated as high risk and as such do not receive any part of the induction within a midwife led unit setting. Delays in induction due to capacity or staffing are caused by lack of staff due to sickness or rising acuity or activity levels. SaTH enact their escalation policy when either staffing or activity threaten to impact upon patient safety, hence the numbers of temporary suspensions. The escalation policy also applies to the consultant unit, in that, should activity, staffing or acuity mean the service cannot operate safely then the consultant unit would also close (temporarily).

8. **Do we have any extra ambulance cover to make sure mothers in urgent need can get to hospital quickly?**

See answer to question 4 in terms of numbers, ambulance control are aware of the temporary suspensions. Ambulance transfers will be made in exactly the same way as they would from a midwife led unit, but may be from the woman's home in this instance, rather than from a unit.

Sarah Jamieson
Head of Midwifery

Women and Children's Centre
Princess Royal Hospital