

Transforming Maternity Services Together



Our recommendations for change



Bath and North East Somerset, Swindon & Wiltshire
Local Maternity System

Transforming Maternity Services Together



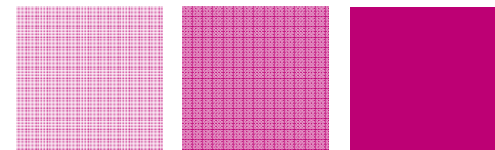
Future Vision

Our LMS vision is for all women to have a safe and positive birth and maternity experience and to be prepared to approach parenting with confidence. Our future offer to our women and families will include:

- **Continuity of carer for the majority by 2021**
- **Improved personalised care and choice with parity of access**
- **Creation of Clinical Maternity Hubs to provide antenatal and postnatal care closer to home**
- **Delivery of seamless pathways across organisational and geographical boundaries**



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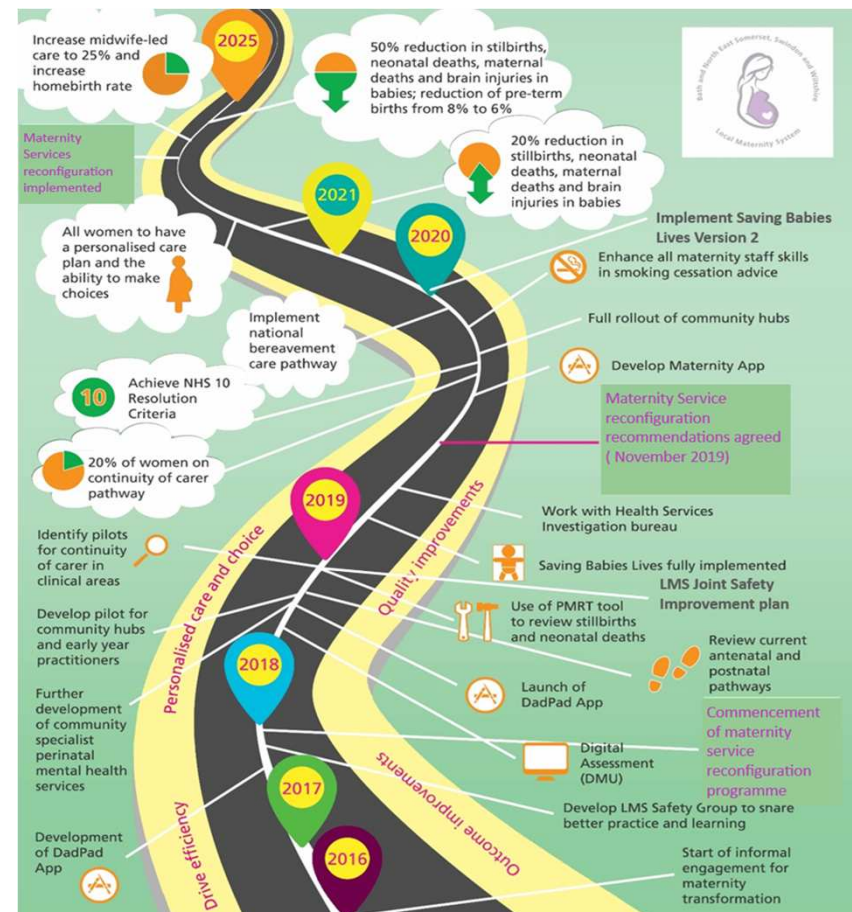


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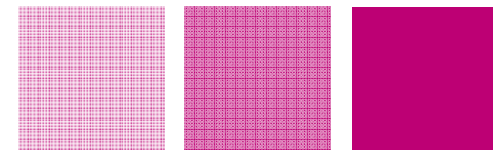


Our journey so far

- We began talking to women about their maternity experiences in 2017
- We have now worked with over 4,000 women and families, plus our staff and partner organisations
- Their feedback, together with national guidance such as 'Better Births', has led to these recommendations for future maternity services across the BSW region
- Partner organisations include Great Western Hospital Trust, Salisbury District Hospital, Royal United Hospital Bath, and B&NES, Swindon and Wiltshire CCGs



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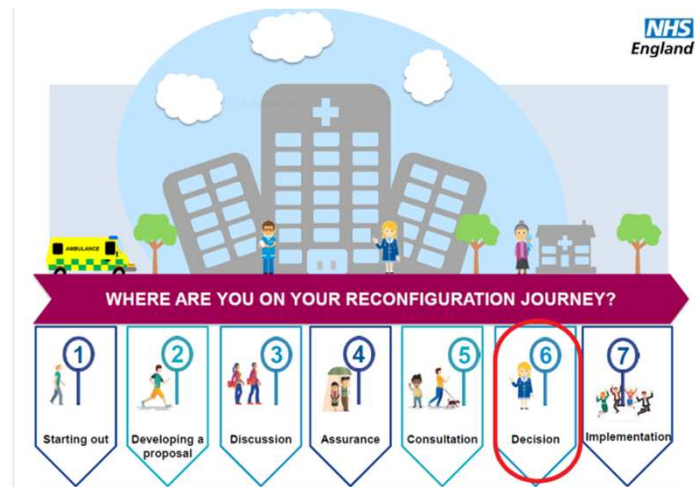


Assurance process

- NHSE - 7 stages of assurance & 5 Key Tests for consultation
- Clinical Senate Review
- Independent Travel Impact Analysis by NHS South Central & West CSU
- Independent analysis of public consultation responses by Bath Centre for Healthcare Innovation and Improvement (CHI²) School of Management, University of Bath
- Independent Expert Panel Review



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Test 1	Strong public and patient engagement
Test 2	Consistency with current and prospective need for patient choice
Test 3	Clear clinical evidence base
Test 4	Support for proposals from clinical commissioners
Test 5	Bed changes

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Case for change

85%		Obstetric Unit (of these 65% were high-risk women and 20% were low-risk women)
6%		Freestanding Midwifery Units (Royal United Hospital)
7%		Alongside Midwifery Unit (Great Western Hospital)
2%		Home births

- 11,200 births in B&NES, Swindon and Wiltshire
- Increasing pressure on services in our obstetric units at Royal United Hospital and Salisbury District Hospital
- Less women choosing our Freestanding Midwife Lead Units
- Lack of parity across the Local Maternity System



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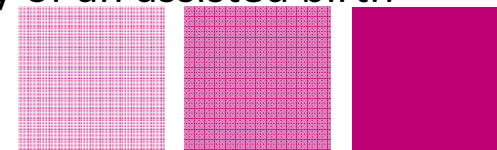
Complexity in obstetric care:

- Increase in complexity
- Impact of safety improvements
- Patient choice and expectation
- AMU provide opportunities for more women to access midwife led care
- Enables obstetric focus
- Decrease in transfer times



Benefits of midwifery led birth:

- Safe for mothers and babies
- Significantly fewer interventions No difference in caesarean birth rates between AMU and FMU
- Clinical evidence shows that a low risk woman birthing in an obstetric unit has a higher probability of an assisted birth



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Staff experience and satisfaction

- Low number of births in FMUs impacting on maintenance of clinical skills and confidence
- Reduced need for short notice redeployment of staff - Improved staff satisfaction
- Flexible workforce will help to support improvements in continuity of carer models
- Right staff, right place, right time
- Improved utilisations of staff resource
- Opportunity for enhanced multi-disciplinary working

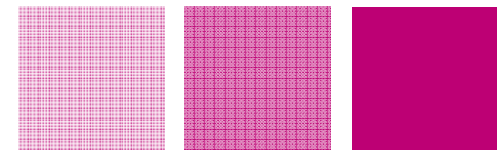
Evidence: Informal engagement, Staff Survey 2017, 2018, RCM Continuity of Carer 2017, Carter Review 2016



HAVE YOUR SAY!
NHS Staff Survey 2019



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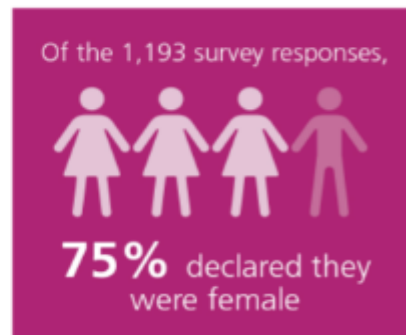
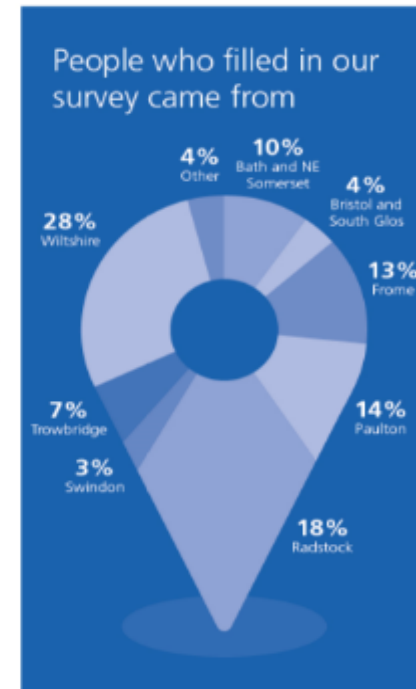


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Our consultation in numbers

Public feedback on our Transforming Maternity Services Together Consultation Proposal



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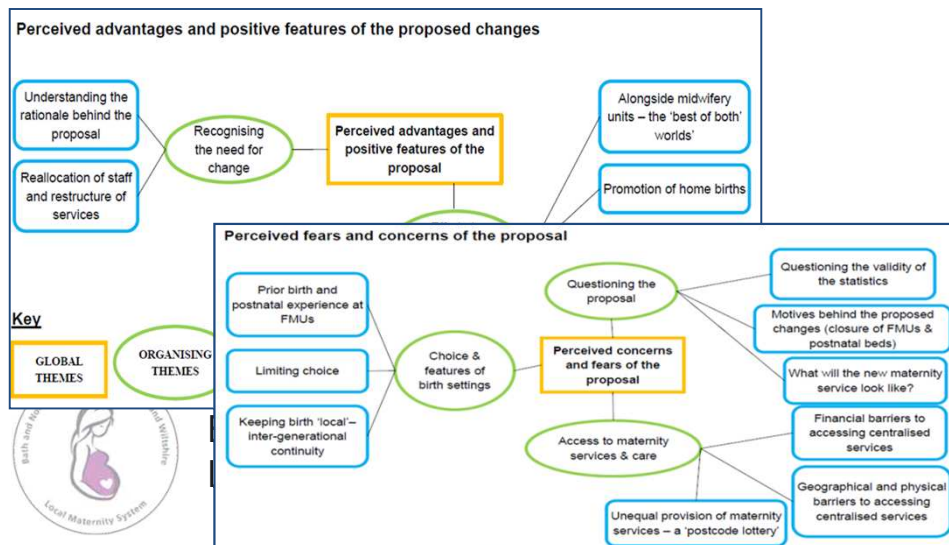
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Public Consultation - independent analysis

- 66% strongly agreed/agreed with creation of AMU
- 70% strongly disagreed/ disagreed with closure of postnatal beds
- 59% strongly disagreed/ disagreed with reduction in FMU. 40% Strongly agreed or agreed

Question	% Strongly agree (n)	% Agree (n)	% Neither agree or disagree (n)	% Disagree (n)	% Strongly disagree (n)	% Missing (n)
(3a) Providing 2 rather than 4 Freestanding Midwifery Units (FMUs) - use resources efficiently	13% (n=152)	18% (n=213)	11% (n=129)	21% (n=253)	25% (n=294)	13% (n=152)
(3b) Creating Alongside Midwifery Units (AMUs) - provide more options and reduce pressure	26% (n=314)	25% (n=294)	11% (n=128)	10% (n=123)	15% (n=179)	13% (n=155)
(3c) Enhancing provision of antenatal and postnatal care	19% (n=225)	30% (n=363)	16% (n=196)	10% (n=114)	11% (n=132)	14% (n=163)
(3d) Improving option of midwife-led home birth	17% (n=204)	26% (n=314)	21% (n=251)	12% (n=141)	10% (n=117)	14% (n=166)
(3e) Replacing 9 postnatal beds-resources used more efficiently	9% (n=112)	12% (n=144)	14% (n=166)	20% (n=243)	31% (n=368)	13% (n=160)
(3f) Fair way to ensure better birth experience	10% (n=125)	13% (n=155)	13% (n=157)	21% (n=245)	30% (n=353)	13% (n=158)
50-60% aggregate score for Strongly agree and Agree						
50-60% for Strongly disagree and Disagree						
No colour: no combined response received over 50%						



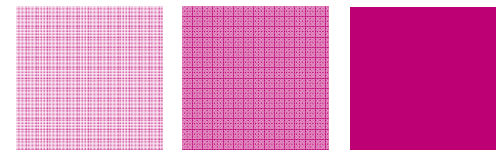
- Perceived advantages – recognised need for change, supported enhancement of birth & postnatal care inc. breastfeeding
- Perceived disadvantages – geographical barriers to accessing services, limiting choice

Consultation feedback themes

- Improved infant feeding support. Particular focus on night time breast feeding support. More early identification of infant feeding issues and support
- Better screening and continuity of care for mental health both in pregnancy and postnatally
- People and staff to continue to be involved in co-design of community hubs and AMUs including parking provision at RUH
- More antenatal education for mums and families around choice of place of birth
- Development of clear information for mums and families
- Development of continuity of carer models that are co-created with mums and families
- Engagement work to understand potential location of community hubs



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Decision Making Process

Steps taken

- Review of independent analysis from public consultation
- Assessment against original case for change
- Recommendation for change agreed by Acute Maternity Steering Group
- Independent Expert Panel added as additional assurance step

The Independent Expert Panel supported all Recommendations

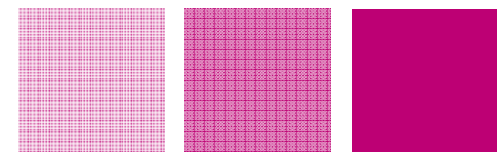
Changes proposed

- Closure of post-natal beds will need to align with enhanced model of post-natal support for women
- Panel recommended spatial analysis mapping exercise to identify bed locations for community hubs.

As a result of feedback, recommendation that closure of post-natal beds is phased



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Recommendations for change

Create an Alongside Midwifery Unit at the Royal United Hospital

Create an Alongside Midwifery Unit at Salisbury District Hospital

Continue to support births in two, rather than four, of the Freestanding Midwifery Units.

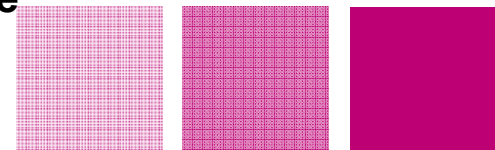
Improve and better promote the Home Birth service

Enhance current provision of antenatal and post-natal care

Replace the five community post-natal beds in Paulton FMU and the four community post-natal beds in Chippenham FMU with support closer to, or in women's homes.

NB. Births would cease at Paulton and Trowbridge

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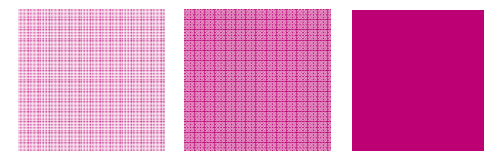


Risks and mitigations

Key Risks	Mitigation
Capital funding for RUH AMU	<ul style="list-style-type: none">• STP priority for securing national capital funding• RUH Charity campaign to support funding requirements
Public opinion on recommendations for change	<ul style="list-style-type: none">• Clear assurance process and governance• Communication plan
Closure of FMUs before AMUs come on stream	<ul style="list-style-type: none">• Average of 20 births per month across both Paulton and Trowbridge• Robust capacity and demand modelling• Full transition plan included in DMBC
Staff morale and impact on recruitment and retention	<ul style="list-style-type: none">• Clear staff communication plan• Recommendations create benefits in terms of staff competencies, reduction in staff moves, removes uncertainty of service change
Postnatal support provision following closure of community postnatal beds	<ul style="list-style-type: none">• Co-creation of new pathways to commence at pace post decision• Interim pathways to be clarified as part of post decision engagement work• Community Hub pilot go live Dec 1st 2019 (Salisbury city)• Continuity of Carer pilots



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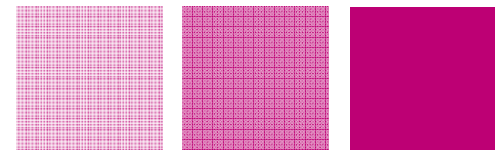


Postnatal Care

- All FMUs to retain ante-natal and post-natal care provision
- Clarity re offer of 24/7 support for mums following removal of post natal beds
- Co-creation of new integrated community hubs – pilot site go live in Salisbury Dec 2019
- Priority co-design for Paulton footprint – Continuity of carer pilot commenced in Paulton Dec 2019. New hub to be piloted from April 2020.



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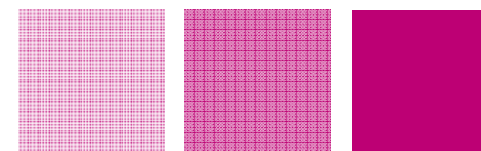


High level implementation plan

		Proposed date
Step	Description	
-	Sign off and communication	Nov-Dec-19
1	Move to two FMUs supporting Births	Mar-20
2	Reduce from nine to four community postnatal beds	Mar-20
3	Staff resource released / estates costs reduced	Mar-20
4	Improve birth environment in the two FMUs supporting births	2020/21
5	Improve home birth & FMUs and enhance antenatal and post-natal care	2020/21
6	Replace four community post-natal beds with care closer to home	Mar-21
7	Secure capital funding for Alongside Midwifery Units	-
8a	Create AMU in Salisbury	Sep-21
8b	Create AMU in Bath	2022/23
9	Staffing model to be changed to reflect new services	2022/23



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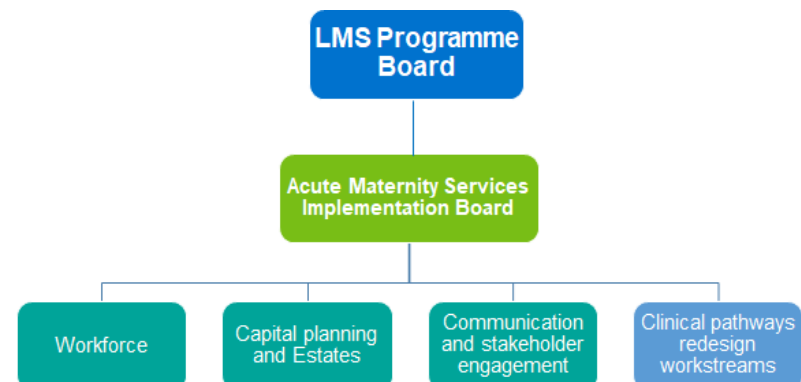


Sign off process & Governance

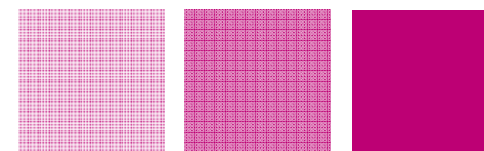
Organisation	Date
NHSE Assurance Review	9 th October 2019
SFT Board	3 rd October 2019
GWH Board	Delayed to Jan 9 th 2019 (purdah)
Somerset Governing Body	30 th Jan 2020
BSW Rapid HOSC	21 st October 2019
RUH BoD	30 th October 2019
BSW Governing Body (public)	Delayed to Jan 16th 2020 (purdah)

The LMS Programme reports into the BSW Strategic Commissioning Board and STP Executive as part of broader assurance and oversight

Project groups will include staff, women & families and other key stakeholders.



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Any questions?



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Our Local Maternity Transformation Plan

BATH AND NORTH EAST SOMERSET, SWINDON AND
WILTSHIRE LOCAL MATERNITY SYSTEM (LMS)

October 2017

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