

Development of a Midwifery Led Unit at Walsall Healthcare NHS Trust

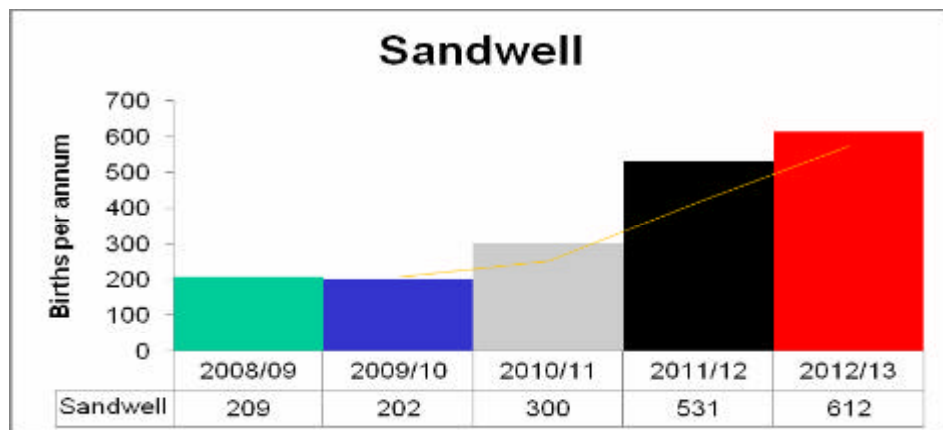
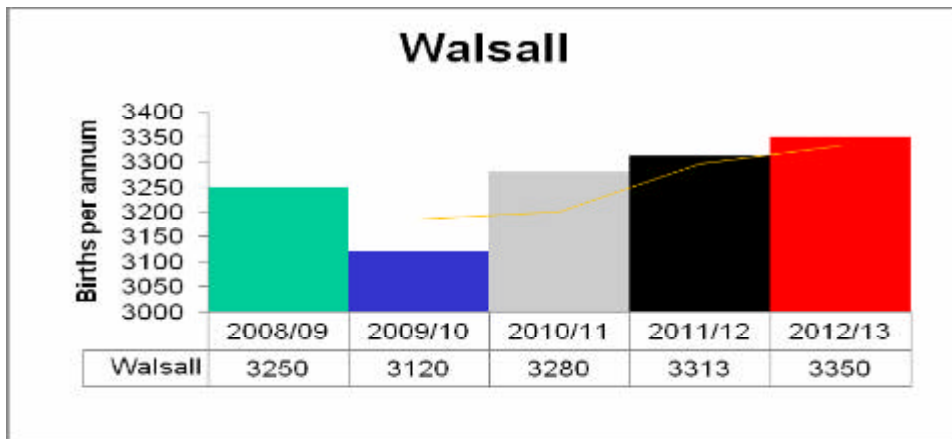
Department Maternity Services at the Manor Hospital

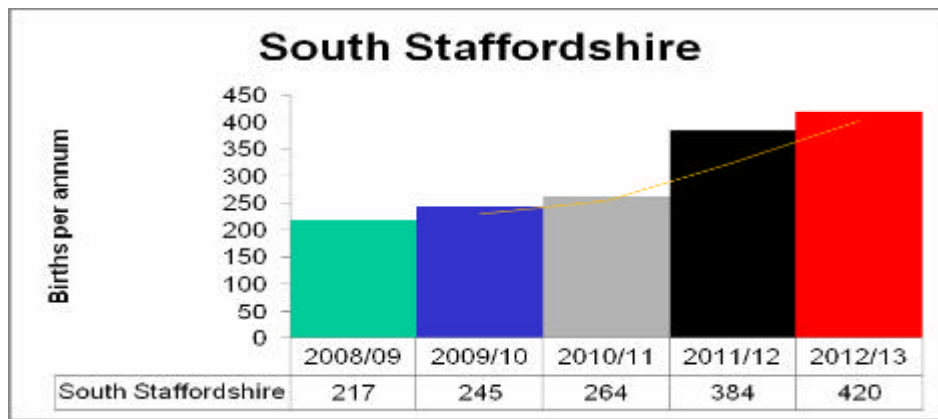
Portfolios: N/A

Executive Summary:

Walsall Healthcare Trust is at a key decision point regarding the continued safe management of the volume of activity its Maternity Services is undertaking on the Manor hospital site. This is attributed to a number of key changes that have occurred in neighbouring health economies, with more due to take place between April and October 2011. These include the closure of the Sandwell Hospital Maternity Unit, capping of birth numbers permitted at both Birmingham’s Women’s Hospital and Birmingham Heart of England Trust and the complete refurbishment of the Women’s Unit at Wolverhamptons New Cross Hospital.

The increase in activity levels as a consequence of these changes from Walsall, Sandwell and South Staffordshire are shown in the tables below:





These projections, when linked to capacity calculations, indicate a shortfall of at least 2 birthing rooms.

Alternative options to enable the service to manage the demand have been identified and other than capping the number of women the Trust will see, all options will require the development of new facilities or the refurbishment of existing ones. It is recognised at the Trust that the Delivery Suite is already stretched to its limit and there is no further physical space to expand the environment, not without major reconfiguration and disruption to the adjacent service.

A key obligation to the Trust is also the provision of choice of place of birth, especially for mothers classified as low risk (approximately 20% of current birth numbers). A common model for this type of care is the provision of a midwifery led unit (MLU) which is physically separated from the main Delivery Suite.

Following consultation with the Maternity Services Liaison Committee members who independently represent mothers' views, mothers using the service at Walsall and the Maternity Services clinical and management teams, the Trust has concluded that the best solution to meet the increased demand and provide mothers with choice, is the establishment of an MLU in Walsall.

Reason for scrutiny:

The purpose of bringing this issue to the Overview and Scrutiny Committee is to highlight a proposed significant change in the service model for Maternity care in Walsall.

The team are looking to establish a stand-alone MLU of 3 birthing rooms, which will be capable of managing circa 900 low risk births per year. The Trust is still pursuing the final location of the unit. However, financial and non financial appraisals completed have indicated that off site option (0.4 miles from the acute hospital site and in the town centre) at Charles Street is the preferred option.

Recommendations:

That:

- 1, Overview and Scrutiny Board support the establishment of an MLU physically separated from the Delivery Suite to support the separation of high and low risk births and create sufficient capacity across the entire service to support projected birth numbers moving forward.

Background papers:

Business Case for the Development of a Midwifery Led Unit at Walsall Manor Hospital 28th March 2011.

Resource and legal considerations:

None. The Trust are self funding the development of this proposal if agreement to proceed is granted.

Citizen impact:

The MLU will offer mothers with a low risk pregnancy a greater choice of where to have their baby in line with Government policy. Research into women's experience of birth repeatedly reports a greater patient satisfaction when the emphasis is made on birth being a 'normal' experience. This should be supported in a home from home environment for successful outcomes. The development of a stand-alone unit for all low risk births will also create a greater level of available capacity in the acute hospital setting. This will ensure that women who are assessed as 'high risk' receive the most appropriate care in the right setting.

In addition to this, the increased level of normality surrounding pregnancy that these two clearly defined pathways will deliver is expected to influence the amount of contacts a woman will have with the triage service in a positive manner. The current triage service is over stretched and delivered in a compact environment.

Environmental impact:

The service will significantly alter the approach to supporting mothers with low risk pregnancies which will reduce hospital attendances and contribute to the Trusts commitment to reduce carbon and sustainability agenda.

Performance management:

This proposal offers a significant contribution to the delivery of the wider Department of Health agenda. This relates not only to achieving maternity care targets but also the wider public health issues around breast feeding, obesity and smoking cessation. In addition, improvements in choice and patient experience will be provided, and the proposal will assist with the delivery of CQUINNS and the QIPP agenda

Equality Implications

Has an Equality Impact Assessment been carried out? No.

This is to be completed before final submission to the Trust Board. Results to be forwarded to the Overview and Scrutiny Committee when available if required.

Consultation:

Two consultation exercises have been undertaken focusing on our maternity patients. One exercise was completed by the Community Midwives and the second by the Maternity Services Liaison Committee. The outcome of both was a resounding level of support for the development of the unit by the users. Staff have also been consulted and taken part and been involved in the appraisal options process.

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