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Via email: [redacted]

Thursday 29 June 2023

Dear Jane,

RE: Buckinghamshire Healthcare NHS Trust's maternity services

Thank you for your letter dated 1 June 2023 in which you provided the Committee's response to our maternity services item discussed at the Select Committee on 11 May 2023. We appreciate the opportunity to provide further information and clarification to the Committee and have addressed these in turn below.

Public engagement activities

How many service users have they spoken to compared to numbers giving birth in a specific timeframe, response rates to specific surveys undertaken in relation to the proposed changes – there was mention of an extensive survey with over 800 responses but we are not clear whether these responses were specific to maternity services.

The survey that yielded over 800 responses was maternity specific. The timeframe for this survey was one month (September 2018) and asked questions about each area of the national Better Births maternity review. 835 women responded. The full report is attached (Appendix 1). The number of births in September 2018 was 450 (3.6% were at Wycombe Birth Centre).

Between April 2020 and April 2023, the Maternity Voices Partnership has spoken to or received feedback from 1,314 women (see Table 1 below), which is 9.47% of the 13,870 women who gave birth in this period.

Table 1:

Dates	**Feedback mechanism (direct contact online survey)**	**Number of women**
Jun-Jul 20	Online	218
Aug-Sep 20	Online	63
Nov-Dec 20	Online	113
Feb-Apr 21	Online	137
May-Jun 21	Online	104
Jun 21	Online	47

Jun-Oct 21	Online	36
Aug 21	Online	59
Sept 21	Online	13
Oct 21-Jan 22	Online	90
Feb-May 22	Online	57
Apr 22	Online	57
Jul-Sep 22	Online	48
Oct-Dec 22	Online	52
Mar 22 Wycombe	In person	17
May 22 onwards fortnightly in term time Wycombe	In person	6-10 per session – many repeat attendees, estimate total 25 individuals
Aug 22 Vale in Park	In person	50
Oct 22 Revive Aylesbury	In person	20
Oct 22 Beaconsfield	In person	10
Nov 22 Wycombe	In person	25
Nov 22 Leighton Buzzard	In person	10
Apr/May/Jun 23 Wycombe	In person	50
Eid 23 Wycombe	In person	13
Total		**1,314**

Overall, there were 861 responses to the online survey between June 2020 and December 2022 (see Column B in Table 2 below). The online survey included a specific question about the impact of the suspension of births at Wycombe Birth Centre (except in the Aug – Sep 2020 survey).

The survey yielded 124 responses from women who stated they were affected by the suspension of births at Wycombe Birth Centre (Column C). Analysis of the responses identified that some of these women were feeding back about services that were not affected by the suspension of births at Wycombe Birth Centre but related to the antenatal clinic and parent education provision.

The actual number of women who responded and were affected by the suspension of births at Wycombe Birth Centre is 80 women between June 2020 and December 2022 (Column D).

Table 2:

Column A	**Column B**	**Column C**	**Column D**
Dates	Number of online survey responses	Number of women who responded that they were affected by changes at Wycombe Birth Centre	Number of responses specifically referencing Wycombe birth plans (not antenatal classes/appointments)
Jun-Jul 2020	218	30	19
Aug-Sep 20	63	No specific question	1
Nov-Dec 20	113	28	9
Feb-Apr 21	137	26	15
Jun 21	47	11	11
Jun-Oct 21	36	5	3
Oct 21-Jan 22	90	9	7
Feb-May 22	57	7	7

Jul-Sep 22	48	3	3
Oct-Dec 22	52	5	5
Total	**861**	**124**	**80**

The paper also refers to extensive patient involvement and public engagement that have suffered from "… low attendance and little public interest." Can you supply context and data to quantify this and offer up potential explanations?

There is not specific data to support this. The Director of Midwifery in her previous roles as consultant midwife and head of midwifery undertook four open evenings at Wycombe Birth Centre and an engagement event in Eden shopping centre facilitated through an external company. From recollection, between 5 to 10 women attended each event. There is no evidence to support an explanation for low attendance. A potential explanation is small numbers of women wishing to give birth at Wycombe.

We would like to hear how the changes have been described to the public and what the detailed plans are for ongoing engagement and how women and their families can feedback following their experience of maternity services.

When changes were made to the services at Wycombe Birth Centre during the Covid-19 pandemic (i.e. the suspension of births from June 2020) this was communicated to the public in the following ways:

- Women who were already booked with the maternity service and specifically planned to give birth at Wycombe Birth Centre were contacted individually by the community midwife and informed. Each woman was provided the option of having their baby at home, the Aylesbury Birth Centre or Labour Ward as an alternative.
- Each woman that booked with the maternity service thereafter was advised at their first appointment with the midwife that the Trust were offering three options for place of birth (home, Aylesbury Birth Centre or Labour Ward).
- Wider communication was circulated by the Trust communications team and Maternity Voices Partnership using social media platforms. These communications were co-developed between the Trust communications team, Director of Midwifery, and Maternity Voices Partnership.

Ongoing engagement with the public is described in the Maternity Voices Partnership workplan for 2023/24 (excerpt below), which has been approved by the Buckinghamshire, Oxfordshire & Berkshire West Local Maternity and Neonatal System:

- Continue collecting feedback and supplying service user voice feedback quarterly via walk the patch, community engagement and other sources
- Focus this year remains on Health Inequalities – improving engagement with identified lesser heard voices – continuing work with Pakistani Kashmiri community but extending network to specifically include engagement with Black African/Black Caribbean community and areas of social deprivation
- 1/2 events also to be held at RAF Halton
- 1/2 events to be specifically aimed at our LGBTQ community
- Continue active work to improve diversity of Maternity Voices Partnership itself
- Partners/dad representative to be recruited – 1/2 drop-in events to be held

The paper refers to surveys between April 2021 and September 2022. Members would like to see an example of the online surveys and gain an understanding of how users were able to judge the impact of suspension of births at WBC from June 2020 when the service had already been shut down for almost a year and they had no experience of an alternative.

Examples of the online survey and free text feedback from women is attached (see Appendix 2). Some of the respondents had used the service before. What is not possible to ascertain from those who expressed they would like to have used Wycombe Birth Centre and felt impacted by the suspension of births and need to travel to Stoke Mandeville, is whether they were clinically suitable to give birth at Wycombe Birth Centre.

Linked to the above, Members would like to compare the number, and general nature, of complaints about maternity services prior to June 2020 and those in the subsequent years. Whilst we acknowledge that the pandemic will have created its own challenges and thereby potentially increased the number of complaints, we are seeking assurances that the proposed new model of care seeks to address any thematic issues with the service.

We have undertaken a look back exercise to 2018 to the present. There have been no formal complaints about Wycombe Birth Centre and the suspension of births.

Year	Number of complaints	Themes
2018	24	Varying themes none relating to WBC
2019	26	Varying themes none relating to WBC
2020	51	Varying themes relating to labour and postnatal care; none relating to WBC
2021	45	Varying themes relating to labour and postnatal care; none relating to WBC; increase in Covid-19 visiting-related complaints
2022	42	Varying themes relating to antenatal scanning, labour and postnatal care; none relating to WBC

The proposed model of care address's themes identified in user feedback, national mortality reports and national priorities to reduce health inequality and address public health issues. It is not a response to formal complaint themes.

<u>Improving access to mental health support</u>

Would you please clarify how BHT are working with the Mental Health Practitioners within Primary Care Networks to help identify people who need support and ensure they have access to the right service at the right time?

BHT maternity are not working directly with mental health practitioners in the primary care networks as they are not specialist in perinatal mental health. There is an established specialist midwifery team and a pathway of care with the maternity mental health services in collaboration with Oxford Health.

Continuity of care and safe staffing

As a point of clarity, if a woman receives their ante and post-natal care at Wycombe and then gives birth in Aylesbury, how does the continuity of care work?
Continuity of care (COC) is in the antenatal and postnatal period, not labour and birth. COC in antenatal and postnatal means the woman will have a named midwife and see ideally no more than 2–3 midwives during and after pregnancy. This enables the development of trusting relationships and improved relational, informational, and clinical care continuity.

Linked to this, we know about the national shortage of midwives and a key driver for implementing the new model of care addresses some of the workforce issues facing BHT. We would, however, seek assurances around the existing workforce and the plans in place to create a more resilient workforce, including succession planning.

We are seeking to increase midwifery staffing numbers. Recruitment and retention interventions are active and progressing positively. The maternity team have been working with NHS England as part of their direct workforce support offer and have been commended for the recruitment and retention approaches. The vacancy has been reduced to 17% from 30%. Further to this:

- 16 newly qualified midwives have had job offers for October 2023
- 1 return-to-practice midwife has joined the team on a 6-month programme and will be taking a substantive role
- 2 internationally educated midwives have received their pin numbers and are in substantive roles
- 2 internationally educated midwives are currently undertaking their OSCE's and will soon be joining the team
- 2 further internationally educated midwives have accepted job offers and are currently in the recruitment process
- External funding has been secured to support recruitment of a further 12 internationally educated midwives – international recruitment will then be paused for ethical reasons
- 4 internationally educated nurses started in May 2023
- 2 midwives retained – 1 through retire and return and 1 with individualised working arrangements
- 1 midwife retained through redeployment
- The maternity support worker vacancy has been reduced to 0%
- The infant feeding support worker vacancy has been reduced to 0%
- Succession planning:
    - New roles developed in the safeguarding, triage and teenage pregnancy teams to support rising complexity of women, reduce community midwifery vacancy and succession plan for the senior specialist midwives' roles going forward
    - Increased student midwife placement capacity to increase the number of midwives qualifying each year to sustain a pipeline of locally trained midwives
    - Maternity support worker development programme
    - Working with the local university to support internationally trained nurses to undertake midwifery training

Linked to the above, we would like to know how many women have chosen to have a home birth, year on year from 2019 onwards. If more women choose to have a home birth, are there enough community midwives to meet any increase in demand?

The home birth rate from 2019 to 2022 was: 2019/20 1.7%; 2020/21 2.8%; 2021/22 1.8%; 22/23 1.5%. There was a 1% increase in demand in the first year of the Covid-19 pandemic which was safely staffed. Subsequently home births have returned to pre-pandemic levels. There are sufficient community midwives to run a home birth service. There are not enough community midwives to run a home birth service and provide on call cover if Wycombe Birth centre were open to births.

In a recent meeting with senior adult social care officers, Members discussed various Key Performance Indicators relating to postnatal health services. One of the more challenging KPIs is around failure to carry out new birth visits within 14 days. How does your continuity of care plan aim to monitor and improve regular home visits?

New birth visits at 14 days are undertaken by health visitors not midwives and are therefore not directly or indirectly linked to this proposed change.

Staff recruitment and retention remains a key topic of concern among all our health partners. There are several references to staffing in the paper supplied: *"…due to not always being able to guarantee safe staffing midwifery numbers in the WBC, we cannot safely deliver babies there…"*, *"multiple attempts to recruit midwives to the WBC team have been made with no success"* We appreciate this is not just an issue in Buckinghamshire, but a national problem. Can you supply further detail relating to efforts to recruit and provide assurances that this service change is not simply due to underlying safety issues and a difficulty to staff the centre and deliver babies safely.

Recruitment efforts include:

- Internal adverts and development training offer to existing midwives employed at the Trust to move to the Wycombe Birth Centre. No expressions of interest were received. The reasons given by staff were:
    - they feel it is an isolated birth environment
    - there is a lack of wider multidisciplinary team support available should things not go according to plan
    - they are concerned that they will not be able to maintain their professional competency in a unit with such a low birth rate
- Location-specific external adverts on at least three occasions with no applications received
- Employment of an external recruitment agency to promote roles in maternity at the Trust – no applications received

The service change is proposed to meet the changing health needs and address health inequalities faced by pregnant women and new parents in the Wycombe locality. As detailed in the paper, the complexity and diversity of needs in the local community requires improved access and availability to multi-professional antenatal and postnatal care. Intrapartum care at Wycombe Birth Centre does not meet the needs of the local community.

The paper states that *"Extensive staff engagement has been undertaken over the last two years and a survey of midwives and maternity support worker staff…"*. Can you supply quantitative and qualitative data from this work?

When births were suspended at Wycombe Birth Centre in June 2020, a series of meetings were held with the affected staff to keep them informed. In addition, each member of Wycombe Birth Centre staff

had an individual 1-1 meeting with the matron for the Birth Centre to choose where they wished to be deployed to during the suspension and offered support. These meetings were not recorded.

A staff survey was undertaken by the Head of Midwifery in December 2022 – February 2023. The survey sought the views of staff regarding implementation of a team model that would enable women to have continuity of care during labour as well as in pregnancy and after birth at Wycombe Birth Centre. This was part of seeking a safe staffing solution for Wycombe Birth Centre by introducing an 'on demand' model of care.

- 46 staff responded
- 100% said they were not willing to provide out of hours on call cover
- 100% of staff stated it would have a negative impact on their work-life balance
- 80% said it would strongly impact their job satisfaction
- 100% said it would impact on staffing levels across the rest of the service.
- 5 part time staff said they would return to Wycombe Birth Centre if a shift-based rather than on call-based model was implemented; however, the number of full-time staff needed for a shift-based model is 10.48 and therefore this is not possible

Key stakeholder support

We would like reassurance that South Central Ambulance Service have been part of the stakeholder engagement discussions and we would like to be made aware of any concerns they may have raised as part of these discussions.

Discussions were held with South Central Ambulance Service (SCAS) in December 2022 regarding births outside of the Stoke Mandeville Hospital site which may require ambulance transfer. Due to current pressures on the ambulance service, they cannot assure a timely response to emergencies in labour or immediately after birth during periods of peak activity (REAP level 4 or critical incident status). This risk is documented on the maternity risk register and the agreement between maternity and SCAS is that when REAP level 4 or a critical incident is declared by SCAS, that births outside of the Stoke Mandeville Hospital site are suspended. In this situation, women who are booked for home birth are contacted and advised that their choice cannot be supported because of safety issues that could occur if an ambulance is delayed in attending an emergency situation.

Births at Wycombe Birth Centre would need to be suspended similarly if SCAS declare REAP level 4 or a critical incident.

In addition, 42% of women who plan birth at Wycombe Birth Centre are transferred to Stoke Mandeville Hospital which would create additional pressure on the ambulance service.

Next steps

The paper states that if HASC agrees, next steps would include further engagement with key stakeholders to "socialise" future enhancements to the agreed model. Please could you confirm who the key stakeholders would be, what form this further engagement would take and over what time frame.

Key stakeholders are clinical and service user representatives. The approach would be focus groups, engagement events, and communications briefings. In view of the school summer holidays approaching, the engagement period should be 16 weeks.

The paper goes on to say that additional ante- and postnatal services at Wycombe will be co-designed with service users. Can you provide some information around what these additional services might include and how will the service users be identified.

The additional services are as described in the paper, tobacco dependency support, infant feeding and mental health as users have told us this is where we need to improve and national mortality reports highlight as priorities. Service users are identified at the pregnancy booking assessment or risk assessments at every antenatal appointment.

The paper states that midwives were removed from GP surgeries so we would like to understand how primary care and secondary care work together to ensure an integrated service for women giving birth, particularly in the context of continuity of care.

GPs have not provided routine antenatal care since 2013 in line with national guidance. There are clear pathways for referral from the GP to maternity and discharge processes from maternity to GP.

Substantial Change or Not

Changes in accessibility of services **– the paper makes it clear that "WBC is located in postcode HP11, which is one of the five postcode areas that women at most risk in pregnancy due to their ethnicity or social background reside". Members would therefore like to understand what specific support will be provided to women in these risk groups living in this postcode area.**

Women living in the areas of the greatest social deprivation are at the greatest risk of health inequality and mental health issues and are more likely to be smokers. This leads to a disproportionate rate of adverse maternal and neonatal outcomes. Providing specific support that is focused on mental health, smoking cessation, and infant feeding in addition to antenatal and postnatal continuity of carer can:

- Reduce premature birth
- Reduce pregnancy loss at any stage
- Reduce stillbirth and neonatal death
- Reduce maternal death
- Fewer gastrointestinal infection-related hospital admissions and fewer GP consultations
- Fewer respiratory tract infection-related hospital admissions and fewer GP consultations
- Fewer acute otitis media (middle ear infections) related GP consultations

The specific support that will be offered to women in addition to their community midwife will be direct access to:

- a specialist mental health support worker/midwife
- a tobacco dependency advisor
- an infant feeding support worker/midwife

Impact of the service on the wider community and other services, including transport and regeneration **– there will undoubtedly be travel implications attached to the service change.**

How have you assessed the impact of patient journeys and mapped journeys between High Wycombe and Stoke Mandeville? If services are reduced at the WBC, do you plan to repurpose physical clinic space to provide other services?

The travel implication of the service change is that up to 128 women per year will need to travel to the Aylesbury Birth Centre at the Stoke Mandeville Hospital site to give birth. Some women may choose to have a home birth. This is the current situation that has affected women over the last three years. In contrast, up to 1,000 women per year will be prevented from travelling to additional appointments for extra support with infant feeding, mental health and smoking cessation due to the repurposing of the facility as a multi-professional facility where women can access four different healthcare workers in one place. Therefore, a net reduction in travel will be achieved.

***Number of patients affected* – Members are keen to understand how the new provision focused at one single birthing centre will deliver care closer to the community of High Wycombe.**

For clarity, the location will need to be renamed if births are not restored at Wycombe Birth Centre. As described in the paper, care will be closer to home for more women as over 1,000 women will be able to access care; this is 7x more women than were previously giving birth at Wycombe Birth Centre.

***Methods of service delivery* – Members understand that the proposed changes would deliver continuity of carer in the ante and post-natal period which is clinically proven to improve outcomes for mothers and their babies. We have asked for some clarity around how this works in practice above.**

NHS England describe the continuity of carer model as a way of delivering maternity care so that women receive dedicated support from the same midwifery team throughout their pregnancy. NHS England advocate the model as the relationship between care giver and receiver:

- has been proven to lead to better outcomes and safety for the woman and baby
- offers a more positive and personal experience
- was the single biggest request of women of their services that was heard during the national maternity review

Following the Ockenden review into maternity services at Shrewsbury and Telford Hospitals, NHS England have recognised that continuity of carer across pregnancy, labour, birth and the postnatal period is not achievable given the national shortage of midwives. However, there is recognition and recommendation that where it can be safely staffed, there is benefit in providing continuity of carer in the antenatal and postnatal period. The NHS England Single Delivery Plan for maternity and neonatal services published in 2023 advocates roll out where safe to do so. NHS England recommend prioritisation in areas where the women are most likely to experience poorer outcomes.

In line with the national ambition, it is possible to provide continuity of carer in the antenatal and postnatal period. This will be implemented via the four community midwifery teams in Wycombe. Women have a named midwife and see ideally no more than 2–3 midwives in the same community midwifery team during and after pregnancy.

Conclusion

We would ask that your response also includes details of what measures BHT will use in the short to medium term to monitor and determine the success of this new operating model.

The measures will be:

- Proportion of women smoking in pregnancy at booking
- Proportion of women who receive carbon monoxide monitoring at booking and 36 weeks pregnant
- Proportion of women who are referred to smoking cessation support
- Quit rate of women referred to smoking cessation support
- Proportion of women receiving mental health support
- Proportion of babies breastfeeding at birth
- Proportion of babies breastfeeding at 6–8 weeks
- Patient feedback about infant feeding support, mental health support and smoking cessation

In view of the length of time between a pregnant woman booking with maternity services and being 6-8 weeks postnatal, the timeline for outcomes being measured for demonstrable impact is annually.

I trust the above information adequately addresses the queries raised by Members; however, if any further information or clarification would be helpful, please do let me know.

We look forward to hearing from the Select Committee following the meeting on 20 July 2023.

Yours sincerely

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