

**THE DUDLEY GROUP NHS FOUNDATION TRUST
RESPONSE TO FREEDOM OF INFORMATION REQUEST 011273**

Please note that any period that has been closed and opened on the same day will have been a part day closing: the others will be a full+ day closing

Closure Date	Reason	Re-open date	Number of Women diverted
04.5.2011	No beds	06.5.2011	0
04.4.2011	No beds	04.4.2011	1
21.3.2011	No beds	21.3.2011	0
20.3.2011	No beds	20.3.2011	0

FOI 011273 Please find the responses to your request, attached and enclosed:

1) How many times did a maternity unit close to admissions in the calendars year 2011 and 2012. (These closures may be recorded as ‘suspension of services’ within your ‘Serious Incident’ records.) For each instance when a maternity unit was closed to admissions in 2011 and 2012, please provide:

- a. the shift on which the closure took place (e.g. night shift),**
- b. the reason(s) given for each closure**
- c. the number of women who had to be redirected as a result of these units closing**
- d. The number of women who were redirected to a unit located outside of your Trust’s control.**

(As 2012 hasn’t ended yet can you provide me with as much information you hold from 2012 as possible)

Please find the responses attached, PDF Maternity Unit closures 2012

Please find the response attached PDF 011262 2011

When the Trust’s Maternity Unit is full and when neighbouring Trusts are unable to accept our patients into their Maternity Units, the Trust will ensure that patients are found alternative beds within one of the Trust’s other Maternity/Obstetric suites.

The Trust does not hold information on which shifts the closures took place.

2) What was the midwife position vacancy rate as at 1 May for each of the following calendar years: 2007, 2008, 2009, 2010 and 2012?

The table below shows a Vacancies negative value, over-establishment positive values.

Please find included, below, all the departments i.e. arante501 outpatients, arcmid501 community, arldrp501 maternity unit and axclinobs specialist midwives coded to management report.

In 2012 the maternity unit had been given approval to appoint above the funded man power equivalent level. This was based on the acknowledgment that when the business case was completed and approved the budget would be increased funding the over-establishment.

		Data Cost Centre				
		Vacancy / OverEst				Total Vacancy / OverEst
Year	Expense Code	ARANTE501	ARCMID501	ARLDRP501	AXCLINOBS	
2008 - 2009		0.76	1.40	5.00	1.00	8.16
2009 - 2010		0.76	0.58	1.44		2.78
2010 - 2011		0.76	0.58	1.44		2.78
2011 - 2012		0.51	-0.07	3.59		4.03

2012 - 2013	0.51	0.73	-4.75	-0.04	-3.55
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3) How many whole-time-equivalent qualified midwives were employed at the Trust as of 1 May 2012?

As at 30.4.2012 -141.60 WTE midwives were in post. The Trust does not specifically hold the information for 1st May 2012.

4) If any of your Units have a births-to-midwives ratio greater than 1:28 (either in 2011, or thus far in 2012), can I have information on what plans, if any, are in place to improve this?

Approval given by the Trust Board to actively continue to recruit to achieve a safe ratio as determined by the Birthrate Plus workforce exercise. Business plans/case and risk assessment in place with regular reporting mechanism to the Trust Board and Strategic Health Authority.

5) How many women were provided with maternity care by the trust for the calendar years 2007, 2008, 2009 2010, 2011 and 2012? (As 2012 hasn't ended yet can you provide me with as much information you hold from 2012 as possible)

Women provided with maternity care by the Trust

2007 = 6130

2008 = 6884

2009 = 6977

2010 = 7874

2011 = 8410

2012 to end Sept = 6232

Note: This does not include attendances to ED for non-admitted emergencies where pregnancy is a contributory factor. It includes all women who have either ante-natal care from a Trust midwife (even if it is only the initial booking visit) and/or a delivery episode within the hospital during the period. This can mean that a single pregnancy can be counted for two consecutive years.

6) Of all these women, each year, what was the proportion who were provided with a name and contact details of an 'assigned' midwife for her care by the 13th week of their pregnancy? Can I have the proportions for the calendar years 2007, 2008, 2009, 2010, 2011 and 2012 (thus far) please

All women are provided with a named midwife at their first contact with the midwife.

Proportion assigned a midwife by 13th week of pregnancy

2010 = 4338 / 5345 = 81.2%

2011 = 4796 / 5664 = 84.7%

2012 to end Sept = 3010 / 3553 = 84.7%

Note: this is a count of all booked women, because booked women are automatically assigned a midwife at the time of booking. We are unable to provide data pre-2010, because the method of recording antenatal dates electronically was different before that point; however we do not believe that the figures prior to 2010 would be significantly different because the process itself is unchanged.

7) How many women out of the total receiving maternity care were considered to be 'low risk', during 2007, 2008, 2009, 2010, 2011 and 2012?

2007 = 3468 / 6001

2008 = 3498 / 6631

2009 = 3088 / 6666

2010 = 3450 / 7815

2011 = 3773 / 8388

2012 to end Sept = 2651 / 6226

Note: the definition of 'low risk' is determined by standard health indicators recorded at the time of booking only. We do not hold electronically any accurate indicators of change in care level during pregnancy, before recording the care level at the delivery episode for the mother. The total (i.e., the denominator) excludes women without the relevant booking data and hence is less than the values in 5), this may be due to no booking, or very late bookings where the standard booking procedure is no longer relevant.

8) What number of 'low risk' pregnant women, for each of the calendar years 2007, 2008, 2009, 2010, 2011 and 2012, planned to have their births at either

a. an alongside or freestanding midwifery unit;

b. a hospital labour ward/obstetric unit,

c. at home;

d. other (please specify if recorded)

Please note: By 'planned' I mean the birth location that the women chose as her preference, perhaps in discussion with her midwife at her booking appointment. As 2012 hasn't ended yet can you provide me with as much information you hold from 2012 as possible.

We only provide an alongside facility or home birth.

Number of 'low risk' women who planned at booking to have birth at home

2007 = 20

2008 = 17

2009 = 13

2010 = 6

2011 = 3
2012 = 12

Notes: women are not offered the choice at booking as to whether they give birth in the Midwifery Unit or the Consultant Unit, as that is a clinical decision. Those who planned to give birth in hospital will therefore be answer 7) minus answer 8) for each year. As per 7), we do not hold electronically any accurate indicators of change in planned place of delivery during pregnancy, before the delivery episode for the mother.

9) Can you also provide the total number of low risk women who, for year of the calendar years 2007, 2008, 2009, 2010, 2011, 2012, actually gave birth in:

- a. an 'alongside' or 'freestanding' midwifery unit;**
- b. a hospital labour ward/obstetric unit,**
- c. at home;**
- d. other (please specify if recorded)**

Number of 'low risk' women giving birth at specific locations

	2007	2008	2009	2010	2011	2012
Midwifery Unit	1290	1275	1716	1766	2076	1391
Home Birth	51	50	33	30	31	24
Other Hospital / BBA	7	24	16	34	37	17

Note: these figures are based on the clinical risk assessed at delivery and the birth location recorded at delivery. This will not necessarily match the risk assessment at booking or preferred birth location at booking. The home birth figures only include intentional home births, and therefore in our opinion provide a more reliable indicator of home birth preferences than preferences expressed at booking in answer 8).

Where electronic recording is incomplete as noted above, increased accuracy would require examination of patient notes, which in our opinion would involve significant breaching of FOI cost limits.

10) What plans are in place, if any,

a. to increase birth location choices for women

b. ensure the choices are actually chosen by women

(For instance: plans may include the building of new units, making midwife-led locations the default choice for women, extra resources for home births or plans to better inform women of the choices available).

c. Please explain how these plans are to be resourced.

The Trust already has an alongside Midwife-led Unit, Obstetric Delivery Suite and a Home Birth Service. There are no plans to create a standalone Midwife-led Unit.

Community Midwives provide women with our choices leaflet at booking and are supported to deliver in their choice of location.

11) What proportion of women:

a. Received 1:1 midwife care in established labour during 2007, 2008, 2009, 2010, 2011, 2012.

The Trust does not hold this information

b. If it's possible, can I have this further broken down into women who had 1:1 care during the day time (i.e. 6am-6pm) and the night time (i.e. 6pm – 6am), or broken down into your shift patterns.

The Trust does not hold this information

c. Can you provide any information on action plans or proposed measures to increase the capacity to provide 1:1 care in established labour

The Trust does not hold this information

12) Does the unit have a target for the minimum number of contacts between women and midwives/health visitors during the post-natal period? If yes, please provide

a. The target

Our standard is three visits. One on day of discharge, one on day 5-8 to facilitate newborn screening and one day 10-14 to discharge. Women who require more visits are supported in this, and women maybe offered visit from a support worker or a visit to a postnatal clinic in a children's centre if appropriate. All women are given a contact number and can be visited up to 28 days if required, although this is rare. Health visitors do a primary visit between day 10-14

b. The proportion of women whose number of post-natal visits reaches or exceeds this target

The Trust does not hold this information.

Dudley Group NHS Foundation Trust

Re: Freedom of Information request 011163

Russells Hall Maternity Unit Closures 01/01/12-30/06/12

Date of closure	Length of closure	Women diverted	Women delivered at other Units
08/01/12	3 days/12 hours	0	0
14/01/12	18 hours	0	0
18/01/12	14 hours	0	0
22/01/12	13 hours	0	0
25/01/12	2 days/16 hours	0	0
28/01/12	11 hours	0	0
01/02/12	7 days/8 hours	5	5
12/02/12	12 hours	0	0
23/02/12	4 days/10 hours	3	3
03/03/12	7 hours	1	1
07/03/12	3 days/17 hours	4	4
16/03/12	2 days/5 hours	5	5
27/03/12	1 day/4 hours	1	1
04/04/12	4 days/6 hours	1	1
11/04/12	2 days/4 hours	0	0
18/04/12	3 days/3 hours	4	4
01/05/12	2 days/22 hours	2	2
09/05/12	9 hours	0	0
10/05/12	9 hours	0	0
11/05/12	2 days/10 hours	0	0
18/05/12	2 days	0	0
03/06/12	21 hours	0	0
26/06/12	3 days/5 hours	0	0

*Following the closure of Sandwell Maternity Unit the Trust has had a significant increase in pressure and capacity has been an ongoing problem, the SHA were alerted and bookings from certain GP practices out of the area have been capped.

Trust Headquarters
Russells Hall Hospital
Dudley
West Midlands
DY1 2HQ

Date: 05/12/2012

FREEDOM OF INFORMATION ACT 2000 - Ref: FOI/011273

With reference to your FOI request that was received on 30/10/2012 in connection with 'Maternity services'.

Your request for information has now been considered and the information requested is attached.

Further information about your rights is also available from the Information Commissioner at:

Information Commissioner

Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF
Tel: 0303 123 1113
Fax: 01625 524510
www.ico.gov.uk

Yours sincerely

Information Governance Manager
Room 34a, First Floor, Esk House, Russells Hall Hospital, Dudley, DY1 2HQ
Email: FOI@dgh.nhs.uk