

Bath and North East Somerset, Swindon and Wiltshire Local Maternity System Transforming Maternity Services Together – Our Proposal for change.

Frequently Asked Questions: Updated 12 February 2019

Questions about the ‘Transforming Maternity Services Together’ proposal

Why is there only one proposal – were there any other options you could have considered?

We have gone through a long and rigorous process taking over eighteen months to get to this point.

Working with women, families, staff and those with an interest in maternity service we developed a list of 58 options, with different combinations of Freestanding Midwifery Units, Alongside Midwifery Units, antenatal and post-natal support and home birth services.

To help us weigh up the options, we developed a set of **critical success factors** – our list of what we need to achieve, and a list of **benefits**. The critical success factors were developed using the feedback we had received, and agreed by a group which included maternity services staff, service users, Healthwatch representatives and commissioners from across the Bath and North East Somerset, Swindon and Wiltshire Local Maternity System. We brought together a scoring panel of people including commissioners, mothers, clinicians, midwives and others from across the Local Maternity System to help us to score all 58 options. You can see the 58 options in more detail [here](#).

This gave us a shortlist of 15 options which scored the same or higher than the option which we are currently providing. You can see the 15 options [here](#). **Only then** did we carry out a financial appraisal – looking at how much it would cost to staff and fund each of the remaining 15 options, bearing in mind we don’t have any extra day-to-day money or staff, but we know we could use the resources we have differently.

This left us with one proposal for change, which is described in the consultation document. You can read about the process in more detail in our consultation document ‘[Transforming Maternity Services Together. Our proposal for change.](#)’ and our [Pre-consultation Business Case](#).

If there is only one proposal you must have decided already? Isn’t this just a done deal?

No. We want the people who use our services to be involved in planning and developing our services, and our proposal has been developed in conjunction with women, staff, and those with an interest in maternity services. Having gone through a process of evaluating many different options, we think the proposal we are asking for feedback on is the best one to address the challenges we face, provide more choice for more women and make the best use of the resources we have. You can read in more detail about how we reached our proposal our consultation document ‘[Transforming Maternity Services Together. Our proposal for change.](#)’ and our [Pre-consultation Business Case](#) (chapter 5).



However, we have not made any final decision and we want to hear from you. The feedback we receive will be analysed by an independent organisation, the Bath Centre for Healthcare Innovation and Improvement and the results will be used to help make a final decision on the proposed changes.

No decisions will be taken until after public consultation has been completed and responses fully considered by the Governing Bodies of Wiltshire, Bath and North East Somerset, Swindon and Somerset Clinical Commissioning Groups

Why can't you just make some of the changes instead of all six?

There are six different elements to the proposal but they work together as a whole to provide a better service across the Local Maternity System. Changing the way we support births in our Freestanding Midwifery Units allows us to unlock valuable resources. We are proposing that any changes we make will take place in phases – you can read more in the [consultation document](#).

How have you decided which Freestanding Midwifery Units will continue to support births?

When developing our proposal in conjunction with women, staff and those with an interest in maternity services, we looked at over 58 ways in which we could provide our services in the future – evaluating what mix of Obstetric Units, Freestanding Midwifery Units, Alongside Midwifery Units and support for homebirth would work best for women and staff and prepare us for the future. You can read more about this process [here](#)

The proposal which allowed us to make the best use of our resources and provide the kind of service women tell us they want described two rather than four Freestanding Midwifery Units supporting births – but did not describe which birth centres these should be.

We asked the South Central and West Commissioning Support Unit, an independent organisation, to undertake an in-depth Travel Impact Analysis (TIA) to help us understand which Freestanding Midwifery Units should continue to support births. The CSU looked at factors such as demand for services, travel times and other factors such as socioeconomic status.

This analysis showed that across our Local Maternity System, currently 83.4% of the female population of childbearing age live within 30 minutes of a birth unit (based on peak driving times). This increases to 93.7% at off peak time. Analysis also showed that continuing to support births in Frome and Chippenham freestanding midwifery units rather than in all four makes the least difference to travel time – even if women could no longer give birth at Paulton or Trowbridge, 81.8% of the female population (at peak time) and 93.4% (at off peak time) would still be within 30 minutes of a unit.

Together, Chippenham and Frome provide the best coverage in terms of travel time to a Freestanding Midwifery Unit.

There are other good reasons to propose continuing to support births in Chippenham and Frome – for example these birth centres environments are in a better condition so the cost of



further improvements will be lower, and we are proposing to provide an Alongside Midwifery Unit at the Royal United Hospital, which will be able to support women in the Paulton area.

How many beds are currently available at Paulton and Trowbridge Freestanding Midwifery Units for women who wish to give birth there? (added 20.12.18)

There are two birth beds available at Paulton Freestanding Midwifery Unit and two birth beds at Trowbridge Freestanding Midwifery Unit.

The consultation document says that the postnatal community beds at Chippenham/Paulton are significantly underused, and are empty for around 95% of the year. How have you worked this out? (added 28.12.18)

We use the standard NHS definition of bed occupancy – the proportion of available (open and staffed) beds occupied at midnight on a bedded ward. For example, as Paulton has five post-natal community beds, if just one bed is occupied at midnight that would equate to a 20% occupancy rate for that day.

What are the figures for Paulton/Chippenham Birth Centre that have been used to calculate the usage of post-natal community beds? (added 28.12.18)

There are currently nine community post-natal beds; four in Chippenham and five in Paulton. 2017 usage equates to a total of 172 bed days, 5.2% utilisation.

Table: RUH post-natal bed usage – occupied at midnight January to December 2017

| | Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Total |
|-----------------------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|--------------|
| Total bed days available | 279 | 252 | 279 | 270 | 279 | 270 | 279 | 279 | 270 | 279 | 270 | 279 | 3,285 |
| Bed days used Paulton | 3 | 9 | 6 | 7 | 7 | 4 | 8 | 8 | 3 | 2 | 6 | 4 | 67 |
| Bed days used Chippenham | 10 | 9 | 15 | 10 | 5 | 11 | 12 | 11 | 11 | 5 | 2 | 4 | 105 |
| Percentage utilisation (%) | 4.7 | 7.1 | 7.5 | 6.3 | 4.3 | 5.6 | 7.2 | 6.8 | 5.2 | 2.5 | 3.0 | 2.9 | 5.2 |

Source: BSW LMS Pre-consultation business case, page 23

Across the Local Maternity System, only the Royal United Hospital offers Freestanding Birth Centres. How many of the RUH’s births take place in a Freestanding Midwifery Unit? (added 28.12.18)

In 2017/18 **14%** of births supported by the RUH took place at a Freestanding Midwifery Unit.

The table on the following page shows birth numbers by facility across the Bath, Swindon and Wiltshire Local Maternity System between 1 April 2017 and March 31 2018.

The RUH supported 4598 births:



- 95 home births (2% of total births)
- 632 births in Freestanding Midwifery Units (14% of total births)
- 3871 births in the RUH Obstetric Unit (84% of total births)

Birth numbers by facility across the BSW LMS 2017/18

| Birth method | Birth location | 2017/18 Actual | Baseline % split | Average per day | Average per month |
|-------------------------|------------------|----------------|------------------|-----------------|-------------------|
| Total home birth | Home - Swindon | 45 | 0.4% | 0.1 | 4 |
| | Home - Salisbury | 101 | 0.9% | 0.3 | 8 |
| | Home - Bath | 95 | 0.8% | 0.3 | 8 |
| | Sub-total | 241 | 2.1% | 0.7 | 20 |
| Total FMUs | FMU - Chippenham | 177 | 1.6% | 0.5 | 15 |
| | FMU - Frome | 187 | 1.7% | 0.5 | 16 |
| | FMU - Paulton | 119 | 1.1% | 0.3 | 10 |
| | FMU - Trowbridge | 149 | 1.3% | 0.4 | 12 |
| | Sub-total | 632 | 5.6% | 1.7 | 53 |
| Total AMUs | AMU - Swindon | 751 | 6.7% | 2.1 | 63 |
| | AMU - Salisbury | 0 | 0.0% | 0.0 | 0 |
| | AMU - Bath | 0 | 0.0% | 0.0 | 0 |
| | Sub-total | 751 | 6.7% | 2.1 | 63 |
| Total OUs | OU - Swindon | 3,556 | 31.6% | 9.7 | 296 |
| | OU - Salisbury | 2,171 | 19.3% | 5.9 | 181 |
| | OU - Bath | 3,871 | 34.4% | 10.6 | 323 |
| | Sub-total | 9,598 | 85.3% | 26.3 | 800 |
| Other | Swindon | 25 | 0.2% | 0.1 | 2 |
| Total births | Swindon | 4,377 | 38.9% | 12.0 | 365 |



| | | | | |
|---------------------|---------------|---------------|-------------|------------|
| Salisbury | 2,272 | 20.2% | 6.2 | 189 |
| Bath | 4,598 | 40.9% | 12.6 | 383 |
| Total Births | 11,247 | 100.0% | 30.8 | 937 |

(Ref: BSW LMS Pre-consultation Business case, page 22)

Will this proposal lead to redundancies?

No. We are not proposing to make any redundancies as a result of this proposal. We believe we have the right number and mix of staff, for the number of babies born in our area, but they may not be based in the right locations to deliver the kind of care women and families want to receive, and our staff want to provide.

Is this just about cutting costs?

No. We are looking at using our resources more efficiently. We are not proposing to reduce how much we spend on maternity services, nor are we proposing to reduce the amount of staff we have or close any buildings.

I've heard there is a shortage of midwives in the south west – is that why you making changes?

No. Based on current levels of births and antenatal and post-natal activity, we believe that we have the right number and mix of staff across our Local Maternity System to provide the care required. However, particularly for the Royal United Hospital, we don't always have the right staff in the right place at the right time.

Why isn't a dedicated homebirth service part of the proposal?

As part of the process of developing a proposal in conjunction with women, staff and those with an interest in maternity services, we looked at the option of providing a dedicated homebirth service. However, this would require an extra 21 midwives for the RUH alone and cost an extra £1 million – and we currently do not have the resources to do this. However, we believe that our proposal will allow us support more home births in the future, as we will be able to use our staff in a different way.

Great Western Hospital is my local hospital– if the proposal goes ahead what does it mean for me?

Great Western Hospital would continue to support home births and would continue to provide an Obstetric Unit and an Alongside Midwifery Unit – The White Horse Birth Centre. Feedback from this consultation will be used to further enhance antenatal and post-natal care. Our modelling shows there is minimal anticipated increase in activity at Great Western Hospital as a result of this proposal– in other words we do not expect to see a significant increase in the number of babies born at Great Western Hospital.

Salisbury District Hospital is my local hospital – if the proposal goes ahead, what does it mean for me?



Salisbury District Hospital would gain an Alongside Midwifery Unit, providing more choice for more women. The Obstetric Unit and option of home birth would remain.

We expect that more low risk women will chose to have their baby at the Alongside Midwifery Unit, rather than the Obstetric Unit, this will reduce pressure on the Obstetric Unit and free up staff to focus on high risk women who most need this care.

Feedback from this consultation will be used to further enhance antenatal and post-natal care.

The Royal United Hospital is my local hospital, if the proposal goes ahead what does this mean for me?

The Royal United Hospital would gain an Alongside Midwifery Unit, providing more choice for more women. Frome, Chippenham, Paulton and Trowbridge Birth Centres and all other community locations would continue to provide antenatal and post-natal clinics.

Frome and Chippenham Freestanding Midwifery Units would continue to support births, day and night but you would no longer be able to give birth at Trowbridge or Paulton Freestanding Midwifery Units. Community post-natal beds (five in Paulton and four in Chippenham) would be replaced with support closer to, or in, women's homes. Post-natal beds for **medical** care would continue to be provided at the Royal United, Great Western and Salisbury District hospitals. The Royal United Hospital would continue to support home births and feedback from this consultation will be used to further enhance that service, along with antenatal and post-natal care.

I provided feedback earlier in the year on ways in which maternity services could be improved - why has it taken so long to get to this point?

Thank you for being part of the development of this proposal. It has been a long process, talking over 18 months and 2000 people to reach this point. We know it is important that we get this right and that the steps we have taken to reach this point are fair and transparent. You can read about how we have reached our proposal in more detail in [our pre-consultation business case](#) (chapter 5). We have followed the guidance provided by NHS England for organisations who are proposing to make changes to services, and we have also worked closely with the governing bodies of Wiltshire, Bath, Somerset and Swindon.

Is this proposal linked to the temporary closure of Cossham Birth Centre ?

No.

Are you having to make changes because your maternity services aren't safe?

No. We want to provide more choice for more women across our Local Maternity System, make the best use of our resources and ensure our services are sustainable for the future.

Is this proposal linked to the Somerset 'Fit for My Future' consultation?

No, but we are working closely with our colleagues in Somerset.

Are you planning to close any of the Freestanding Midwifery Units as a result of this proposal ?

No. If the proposal goes ahead, Paulton, Frome, Chippenham and Trowbridge Freestanding



Midwifery Units will all remain open, and will continue to provide antenatal and post-natal care. You will not be able to give birth to your baby at Paulton or Trowbridge Freestanding Midwifery Units, but you will still be able to give birth to your baby at Frome and Chippenham Freestanding Midwifery Units.

We've been fundraising to provide equipment and facilities at Paulton/Trowbridge— why didn't you tell us of these plans earlier?

We are grateful for the support of our local communities in supporting our Freestanding Midwifery Units through fundraising and volunteer work, and women and families will continue to benefit from the investment made.

If this proposal goes ahead, Paulton and Trowbridge will continue to play an important role providing antenatal and post-natal care to women and babies, as well as supporting home births, and we will continue to work towards providing the best environment for women and families in these locations.

A key part of this proposal is to improve the birth environment in the two Freestanding Midwifery Units which will continue to support birth as well as the creation of an Alongside Midwifery Unit and improved home birth service, Any birthing equipment which is no longer required in a Freestanding Midwifery Unit will find a home in one of our other units.

What will happen to all the equipment at Paulton and Trowbridge if this proposal goes ahead?

Any birthing equipment which is no longer required in a Freestanding Midwifery Unit will find a home in one of our other units.

Is this the start of closing Paulton Hospital? (added 19.12.18)

If our proposal goes ahead, we will still be providing antenatal and post-natal care at Paulton Freestanding Midwifery Unit.

Whatever the outcome of the consultation, the intention is to maintain and provide where possible more health and care services in local hubs that are convenient for people living in our more rural areas. The Paulton Hospital site is a valuable community asset and if space were to become available, local commissioners (those who plan and purchase healthcare services) would work with health and care partners including local voluntary sector organisations and community groups to look at how the space could be used to benefit local people.

Why haven't you done more to promote and support the Free Standing Midwifery units?

We are seeing a decline over time in the number of women in our area who chose to give birth in a freestanding midwifery unit, with under 6% of births in our area occurring in a Free Standing Midwifery Unit in 2017/18. Over the years we have used a number of strategies to promote and encourage births Freestanding Midwifery Units but despite this, the number of births in these units has continued to decline. You can read more [here](#) (PCBC page 30)



Why are fewer women choosing to give birth in a Freestanding Midwifery Unit?

When we talk to women and families, they tell us their concerns around using a Freestanding Midwifery Unit are the access to support such as epidural pain relief, or obstetric care if required during or after labour, and the risk of having to transfer to an Obstetric Unit during or after labour. We propose to continue to offer a choice of birth at a Freestanding Midwifery Unit, but to also offer the option of an Alongside Midwifery Unit.

You say this is about increasing women's choice, but your proposal means women in Paulton and Trowbridge won't be able to give birth at their local Freestanding Midwifery Unit. How is that fair?

Women will still be able to access a Freestanding Midwifery Unit at Chippenham or Frome if that is their preferred choice of birth environment, and will have the extra choice of giving birth at an Alongside Midwifery Unit.

The proposal which allows us to make the best use of our resources and provide the kind of service women tell us they want requires two rather than four Freestanding Midwifery Units supporting births.

Independent analysis showed that across our Local Maternity System, currently 83.4% of the female population of childbearing age live within 30 minutes of a birth unit (based on peak driving times) and 93.7% at off peak time. Even if women could no longer give birth at Paulton or Trowbridge, 81.8% of the female population (at peak time) and 93.4% (at off peak time) would still be within 30 minutes of a unit. You can read more [here](#) in our consultation document and [here](#) in our pre consultation business case.

Why are you proposing to stop supporting births in Paulton and Trowbridge Freestanding Midwifery Units before an Alongside Midwifery Unit is available at the Royal United Hospital?

Our proposal is made up of six different elements, but only by changing the way we support births in the Freestanding Midwifery Units can we unlock valuable resources to support our overall proposal. Women will still have the choice of giving birth in a Freestanding Midwifery Unit. If our proposal goes ahead, we expect the number of births in Chippenham and Frome Freestanding Midwifery Units to increase but our analysis shows we will have the right number of staff, in the right place at the right time to support women and babies in these units and provide high quality care.

Why can't we have a Freestanding Midwifery Unit in Swindon?

Great Western Hospital currently offers women and families the choice of homebirth, and Obstetric Unit and an Alongside Midwifery Unit, which provides midwife-led care for low-risk women, with the peace of mind of knowing obstetric care is close at hand if required. There is little demand for a Freestanding Midwifery Unit in the Swindon area, but women could choose to use Chippenham Freestanding Midwifery Unit if they had a strong preference for this type of care.

Will the Bath Birth Centre at the Royal United Hospital become a more clinical environment if it is just focusing on high risk mothers?



No. We are not planning to change the ethos of our Bath Birth Centre, which is the Obstetric Unit at the Royal United Hospital. We know that regardless of the level of obstetric or midwifery support required for each mother and baby, it is important to have a welcoming, relaxed environment for labour and birth

How long can mothers stay in an Alongside Midwifery Unit/Obstetric Unit after giving birth? Are mums automatically discharged after a certain amount of time? *(added 11.01.19)*

There is no set time, this will differ for each individual. Following the birth of a baby, the length of hospital stay is agreed following discussion with each woman, taking into account the type of birth, the health and wellbeing of the woman and her baby and the level of support available following discharge.

If everything goes smoothly with labour and baby is born vaginally there's no need for an extended hospital stay; women should be able to go home and rest in a familiar environment within a few hours of the birth. Caesarean births usually require a longer stay in hospital. Women with a clinical need for post-natal care are admitted to a bed on an Obstetric Unit – there are 89 of these beds available at Great Western Hospital, Royal United Hospital and Salisbury District Hospital.

When will the Alongside Midwifery Unit open at the Royal United Hospital/Salisbury District Hospital?

Following the consultation process and independent analysis of feedback, if we receive approval to go ahead, we could start making changes from summer 2019. Although the proposal includes six elements, some changes are reliant on other things happening first so there would be a phased approach, and Alongside Midwifery Units would be later in the process. You can read more [here](#).

Are women given balanced advice about the risk that they may need to transfer in labour from a Freestanding Midwifery Unit to an Obstetric Unit, so they can properly weigh up their choices? *(added 28.01.18)*

It is important that women are fully involved in making an informed decision about the safest and best place for them to give birth. Midwives undertake a detailed health assessment of each woman, and women are made aware of the possibility of requiring a transfer in labour, which can be between 20 - 50% depending on each woman's individual circumstances.

Has the Royal United Hospital already stopped supporting births at Freestanding Midwifery Units at night-time? *(added 28.01.18)*

No. Women are still able to give birth at any of the four Freestanding Midwifery Units (Chippenham, Frome, Paulton, Trowbridge). There is no change to what women would need to do to get the appropriate support they need. Details of how to get in touch when labour starts or if mothers' need advice during pregnancy, are discussed during ante-natal appointments.



What if the proposal goes ahead and a woman living in the Paulton area can't get to the Royal United Hospital in time to have her baby? (28.01.18, updated 29.01.18 and 04.01.02)

An independent organisation, the South West and West Commissioning Support Unit, has reviewed the impact of the proposed changes on patient travel times. They considered both detailed population statistics and service usage based on previous years' maternity activity. Currently, 83.4% of women of childbearing age live within 30 minutes of a place to give birth, based on travelling at peak times. This changes to 81.8% if only Chippenham and Frome continue to support births.

At the moment, women with low-risk and high-risk pregnancies travel from across the area to give birth at the RUH's Obstetric Unit. To ensure women can arrive at the Obstetric Unit in time, women are advised on the signs and symptoms of labour and when to call the midwifery team who will, depending on the woman's medical history and current condition, advise whether to stay at home and monitor contractions for a little longer or whether to make their way into the RUH for care, this advice should be considered in relation to the distance/time of day and travel times to the unit. This advice is appropriate for the majority of mothers unless they have been advised differently due to other concerns. (added 04.02.19)

If the proposal goes ahead and Paulton Freestanding Midwifery Unit no longer supports births –what happens if a Paulton woman needs support at 3am in the morning? (added 12.02.18)

There will be midwives in the community setting who can provide support. We have sufficient numbers of midwives to ensure we meet the recommended midwife to mum ratio. If the proposal goes ahead, outside of antenatal/post-natal unit hours we have enough midwives on call to safely staff and meet the needs of mothers.

Will the proposed change (no longer supporting birth at Paulton Freestanding Midwifery Unit) place more pressure on the Royal United Hospital as women won't wish to travel from the Paulton area to Frome or Chippenham Freestanding Midwifery Units? (added 28.01.18)

We have modelled the potential impact of our proposed changes and are confident that the changes would ease pressures on maternity services as we will have the right number of staff, in the right place at the right time to support women and babies and provide high quality care.

Where will the community hubs be located? (added 28.01.18)

As we are at the proposal stage, this has yet to be developed, however we would continue to provide services from our four Freestanding Midwifery Unit locations (Chippenham, Frome, Paulton and Trowbridge) and here is the opportunity to work with a wider team of professionals to develop a hub where care for women can be enhanced. There could also be the opportunity to consider additional locations in the future.



How does this model fit with national guidance given that a woman may receive antenatal/post-natal care in one place but give birth somewhere else? (added 28.01.18)

The proposal has been developed in line with national guidance, and taking into account feedback from over 2000 people. The proposal will free up resources to be used more efficiently to support continuity of care – so women and families can be cared for by a team of professionals throughout their pregnancy, birth and post-natal period.

If the proposal goes ahead, what will happen to women who need medical treatment/care after 8pm and would have planned to go to Paulton or Trowbridge Freestanding Midwifery Units? (added 28.01.18)

Currently, women requiring medical treatment would need to go to the Royal United Hospital, and not a Freestanding Midwifery Unit. This would not change as a result of this proposal.

If this proposal goes, ahead, could the number of home births rise? (added 28.01.18)

Yes. Freeing up resources by supporting births in two rather than four Freestanding Midwifery Units would allow more capacity for midwives to promote and support homebirths, which is what women have told us they would like.

How widely has the consultation been promoted and why isn't there more media coverage? (added 28.01.18)

A range of events are happening across the region -full details are available here <http://www.transformingmaternity.org.uk/> These are being shared and promoted in a variety of ways including through community and support groups, social media and print and broadcast media. Media outlets have been briefed and provided with media release and information – there has been, and continues to be media coverage.

I have signed a petition against the plans. Will this be taken into account? (added 28.01.18)

The final evaluation report will make reference to all feedback, including any petitions we are aware of. We would encourage everyone to also provide feedback directly to us via the consultation questionnaire, in writing or face to face to ensure we capture everyone's feedback including their concerns and suggestions.

I thought the RUH already had an Alongside Midwifery Unit? (added 28.01.18)

No. The RUH has an Obstetric Unit – the Bath Birth Centre, and four Freestanding Midwifery Units (Chippenham, Frome, Paulton, Trowbridge).

An Alongside Midwifery Unit is a unit located next an Obstetric Unit, with care provided by midwives but with direct access to an Obstetric Unit if needed. As part of our proposal, we are proposing to create an Alongside Midwifery Unit at both the RUH in Bath, and Salisbury District Hospital. These would provide additional birthing beds and a relaxed, non-medical environment.

Questions about what happens next



Is there any possibility of the proposal being rejected? *(added 28.01.18)*

This is a proposal and nothing has been decided yet. We cannot stay as we are, something needs to change and it is possible that alternative scenarios might emerge from the consultation phase.

Where will the Alongside Midwifery Unit be at the RUH? *(added 28.01.18)*

We are at the consultation stage of our proposal, so we do not have any final plans. However, if the proposal was to go ahead, appropriate space is available at the RUH site for an Alongside Midwifery Unit adjacent to the Princess Anne wing, offering direct access to the Obstetric Unit.

How long does it take to complete the consultation questionnaire? *(added 14.01.18)*

Based on the responses we have received so far, it takes an average of 11 minutes to complete the online questionnaire.

If you would prefer to fill the questionnaire in on paper, a survey is available in the consultation document itself, or you can contact us to receive a paper copy - maternity.transformationBSW@nhs.net or call 01380 736 026.

Who will decide if the proposal goes ahead?

Your feedback is an important part of the proposal process and no decisions will be made until after the public consultation has finished. We can't make any of the changes outlined in our proposal until a formal decision as to the approach to be taken is made by Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Groups.

If the proposal goes ahead, what will happen next and when?

Following the consultation process and independent analysis of feedback, if we receive approval to go ahead, we could start making changes from summer 2019. You can read more [here](#).

Where will the money come from to build an Alongside Midwifery Unit at Salisbury District Hospital/Royal United Hospital?

Once this consultation is concluded, should one-off additional funding be required, Bath and North East Somerset, Swindon and Wiltshire Sustainability Transformation Partnership would put the development of maternity facilities as one of its top priorities and explore funding opportunities for these.

Does the Royal United Hospital have planning permission to build an Alongside Midwifery Unit? *(added 11.01.19)*

The Local Maternity System is in the process of consulting on a proposal for how maternity services could be provided across the area in the future. No decisions have been made, and no decisions will be made until after the public consultation has finished, therefore the RUH has not at this stage applied for planning permission to construct the proposed Alongside Midwifery Unit.



Questions requesting additional data not already provided in the Pre Consultation Business Case

Can you provide more data on the number of births at birth locations in recent years?
(added 18.01.19)

RUH Bath Maternities and babies born by month trend graphs

| | 10 months | 12 months | 12 months | 12 months | 9 months |
|--------------------------------|--------------|--------------|--------------|--------------|--------------|
| Location | 14/15* | 15/16 | 16/17 | 17/18 | 18/19* |
| Home births | 106 | 133 | 137 | 95 | 73 |
| Chippenham | 166 | 196 | 215 | 177 | 130 |
| Frome | 159 | 244 | 186 | 187 | 137 |
| Paulton | 118 | 154 | 89 | 119 | 94 |
| Trowbridge | 190 | 291 | 190 | 149 | 109 |
| Bath Birth Centre (women) | 3,110 | 3,827 | 3,761 | 3,791 | 2,862 |
| Bath Birth Centre (babies) | 3,172 | 3,891 | 3,823 | 3,871 | 2,921 |
| Women delivered (total) | 3,849 | 4,845 | 4,578 | 4,518 | 3,405 |
| Babies born (total) | 3,911 | 4,909 | 4,640 | 4,598 | 3,464 |

Notes

Transfer Jun-14

High birth year

Stabilised

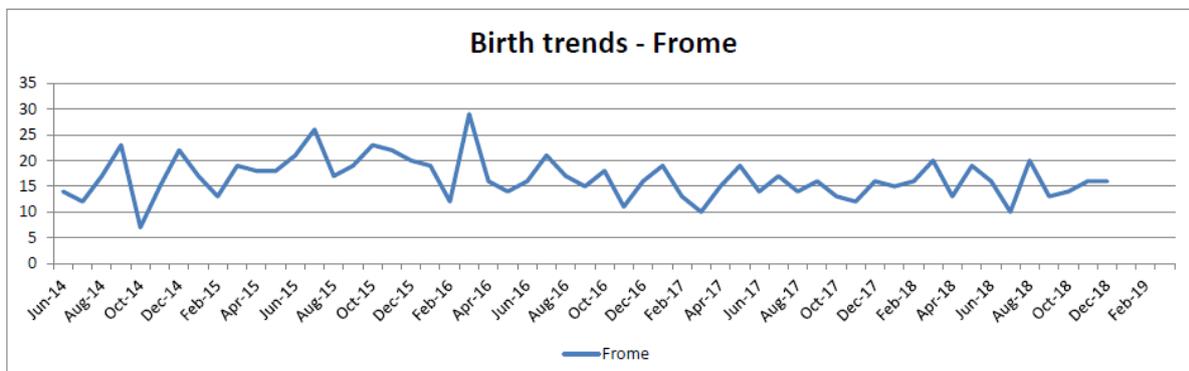
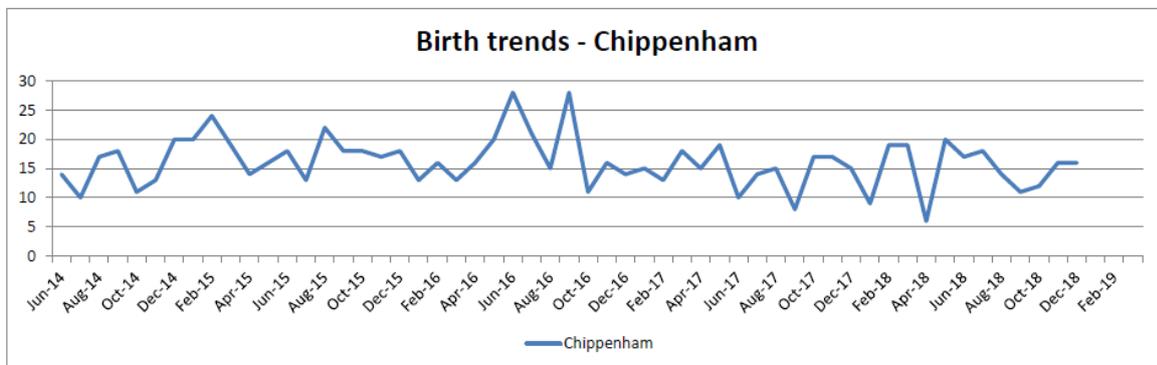
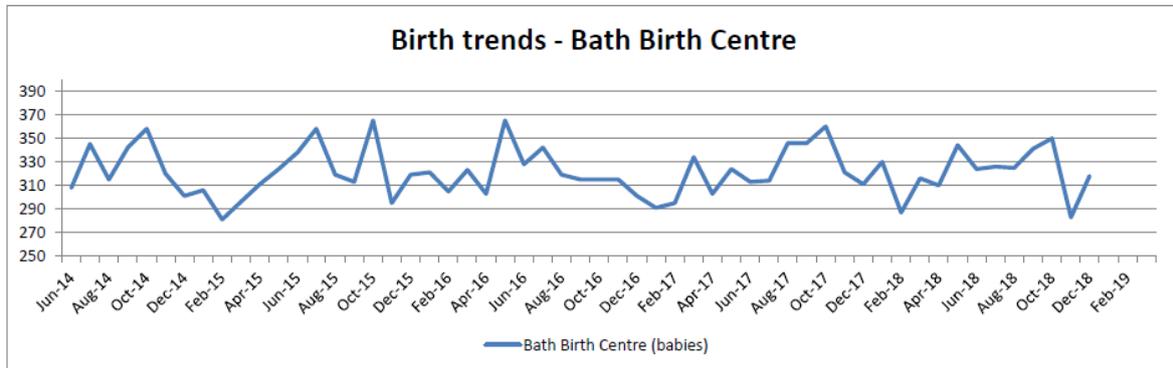
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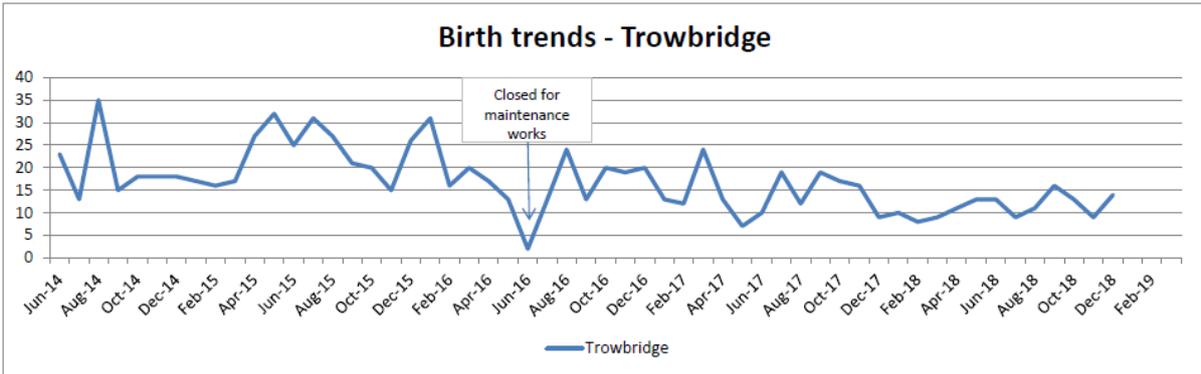
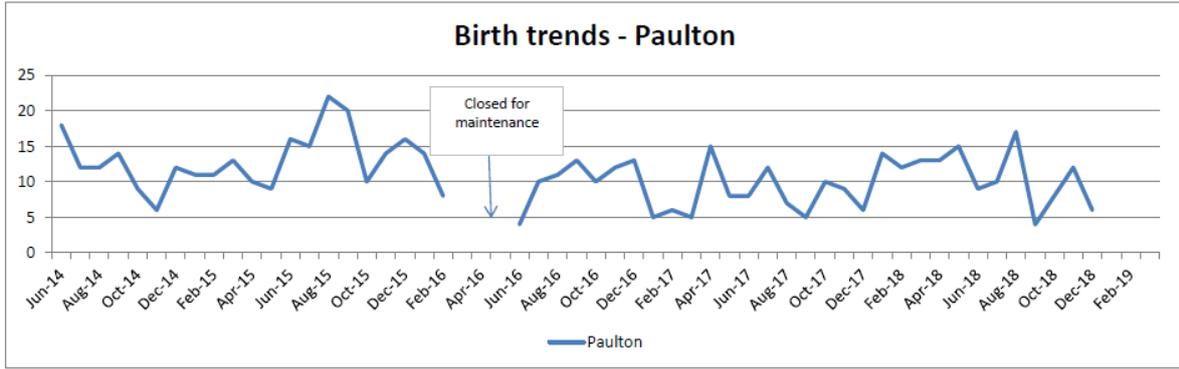
Up to Dec-18

* Maternity Services transferred to RUH Bath in June 2014



2016/17 Paulton closed for period of time (c.3 months) / Trowbridge (c.1 month) due to maintenance work





How many women have had to transfer from a Freestanding Birth Centre to an Obstetric Unit during labour? (added 18.01.19)

The charts below show the number of babies born in each location, for each year and the emergency transfer rates for each location.

RUH Catchment - birth numbers and transfer rates by FMU and year - June 2014 to November 2018

Birth numbers by location (maternities)

| | No. | Indicator | 10 months | 12months | 12 months | 12 months | 8 months |
|------------------------------|-----|------------------------------------|--------------|--------------|--------------|--------------|--------------|
| | | | 14/15 YTD* | 2015/16 | 2016/17 | 2017/18 | 2018/19 YTD |
| Place of birth (maternities) | 46 | Home birth | 106 | 133 | 137 | 95 | 64 |
| | 47 | Chippenham | 166 | 196 | 215 | 177 | 114 |
| | 48 | Frome | 159 | 244 | 186 | 187 | 121 |
| | 49 | Paulton | 118 | 154 | 89** | 119 | 88 |
| | 50 | Bath Birth Centre, PAW | 3,110 | 3,827 | 3,761 | 3,791 | 2,552 |
| | 51 | Trowbridge | 190 | 291 | 190** | 149 | 95 |
| | - | Total women giving birth | 3,849 | 4,845 | 4,578 | 4,518 | 3,034 |
| | - | Total babies born | 3,911 | 4,909 | 4,640 | 4,598 | 3,086 |
| | - | Total FMU births | 633 | 885 | 680 | 632 | 418 |
| | 52 | Percentage community births | 19.2% | 21.0% | 17.8% | 16.1% | 15.9% |

** Paulton closed for period of time (c.3 months) / Trowbridge (c.1 month) due to maintenance work



Emergency Transfer rates by location

| | No. | Indicator | 10 months | 12months | 12 months | 12 months | 8 months |
|----------------------------------|-----|---|--------------|--------------|--------------|--------------|--------------|
| | | | 14/15 YTD* | 2015/16 | 2016/17 | 2017/18 | 2018/19 YTD |
| Emergency Transfers | 61 | Home birth | Less than 6 | 0 | Less than 6 | 0 | 0 |
| | 62 | Chippenham | 53 | 65 | 54 | 44 | 25 |
| | 63 | Frome | 63 | 68 | 85 | 52 | 32 |
| | 64 | Paulton | 51 | 36 | 20 | 31 | 29 |
| | 65 | Trowbridge | 68 | 85 | 77 | 54 | 52 |
| | 66 | Total No. of emergency transfers | 240 | 254 | 237 | 181 | 138 |
| Emergency Transfers rates | 67 | Home birth | 4.5% | 0.0% | 0.7% | 0.0% | 0.0% |
| | 68 | Chippenham | 24.2% | 24.9% | 20.1% | 19.9% | 18.0% |
| | 69 | Frome | 28.4% | 21.8% | 31.4% | 21.8% | 20.9% |
| | 70 | Paulton | 30.2% | 18.9% | 18.3% | 20.7% | 24.8% |
| | 71 | Trowbridge | 26.4% | 22.6% | 28.8% | 26.6% | 35.4% |
| | 72 | Overall Transfer Rate | 24.5% | 20.0% | 22.5% | 19.9% | 22.3% |

* Maternity Services transferred to RUH Bath in June 2014

The chance of transfer varies depending on whether this is a first or subsequent baby. Women pregnant for the first time have a higher chance of being transferred than women who have been pregnant two or more times. *(added 04.01.18)*

In the last five years, how many babies have been born to mothers on the way to a birth unit? *(added 29.01.01)*

The table on the following page outlines the number of babies Born Before Arrival of Midwife (BBA) for mothers cared for by the Royal United Hospital. Depending on the situation and birth plan, this means a baby has been born before a midwife arrived at home, or the baby was born before the mother arrived at an Obstetric Unit (RUH) or a Freestanding Midwifery Unit (Chippenham, Frome, Paulton or Trowbridge).

| Period | No of mths | Total BBAs |
|-------------------|------------|------------|
| Jun-14* to Mar-15 | 10 | 30 |
| Apr-15 to Mar-16 | 12 | 14 |
| Apr-16 to Mar-17 | 12 | 22 |
| Apr-17 to Mar-18 | 12 | 11 |
| Apr-18 to Dec-18 | 9 | 15 |

* Please note that Maternity Services transferred to the RUH in June 2014.



The consultation document uses March 7 2017 and September 7 2017 as an example of a day in the life of maternity services provided by the Royal United Hospital Bath. How do we know that this is a typical day? Can you provide this data for a whole month, for a more recent time? (added 1.02.18)

The table below shows babies born at each of the Royal United Hospitals Bath locations, during March 2018. Where no figure is given, this means that no baby was born at particular time at that location.

Births by location and day and night - March 2018 by day

| Delivery Location | Day or Night | 01/03/2018 | 02/03/2018 | 03/03/2018 | 04/03/2018 | 05/03/2018 | 06/03/2018 | 07/03/2018 | 08/03/2018 | 09/03/2018 | 10/03/2018 | 11/03/2018 | 12/03/2018 | 13/03/2018 | 14/03/2018 | 15/03/2018 | 16/03/2018 | 17/03/2018 | 18/03/2018 | 19/03/2018 | 20/03/2018 | 21/03/2018 | 22/03/2018 | 23/03/2018 | 24/03/2018 | 25/03/2018 | 26/03/2018 | 27/03/2018 | 28/03/2018 | 29/03/2018 | 30/03/2018 | 31/03/2018 | Total |
|-------------------------------|-----------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| RUH | Day | 6 | 3 | 5 | 3 | 5 | 7 | 5 | 8 | 10 | 6 | 6 | 2 | 6 | 4 | 8 | 9 | 4 | 6 | 9 | 4 | 4 | 10 | 4 | 5 | 9 | 5 | 7 | 4 | 7 | 1 | 2 | 174 |
| | Night | 2 | 3 | 4 | 6 | 7 | 8 | 6 | 2 | 2 | 8 | 8 | 5 | 4 | 3 | 2 | 4 | 5 | 3 | 6 | 7 | 6 | 4 | 5 | 5 | 4 | 3 | 3 | 4 | 7 | 1 | 5 | 142 |
| Homebirths | Day | | | | | 1 | | | | | 1 | | | | | | | | | | | | | | | | | 1 | | | | | 3 |
| | Night | 1 | | | | | | | | 1 | | | | | | | | | | | | 1 | | | | | | | | | 1 | | 4 |
| Chippenham Birthing Centre | Day | | | 1 | 1 | | 1 | 2 | | | | | 1 | | | | | | 1 | | | | | | | 1 | | | | | | | 8 |
| | Night | | 1 | | | | 1 | | | | | | | | | | | | 1 | | 1 | 1 | | | | | | | 3 | 1 | | 1 | 10 |
| Frome Birthing Centre | Day | | | | | 1 | 2 | | | 1 | | 1 | | | | | | 1 | | | | | | | 1 | 1 | | | | | | | 8 |
| | Night | 1 | | | | 1 | | 1 | | | 2 | | | | | | | 1 | | | | | | | 3 | 1 | | 2 | | | | | 12 |
| Paulton Birthing Centre | Day | | | | | | | | | | | 1 | | | | | | | | | 1 | | | | | 2 | | 1 | | | 1 | | 6 |
| | Night | 1 | | 1 | | | | | | | | | 2 | | | | | 1 | | | | | | | | | 1 | 1 | | | | | 7 |
| Trowbridge Birthing Centre | Day | | 1 | | | | | | | 1 | | 2 | | | | | | | | | | | | | | | | | | | | | 4 |
| | Night | | | | | | | | | | | | | | | | | | | | | | | 1 | | | | 1 | | 2 | 1 | | 5 |
| Total per calendar day | 24 hours | 11 | 8 | 11 | 10 | 15 | 19 | 14 | 10 | 12 | 17 | 17 | 11 | 13 | 7 | 10 | 13 | 10 | 11 | 17 | 12 | 12 | 15 | 10 | 14 | 17 | 10 | 16 | 11 | 17 | 5 | 8 | 383 |

