

The Path to Excellence focused event on maternity (obstetrics) and women's (in-patient gynaecology) services on Tuesday 19th September was attended by seven people took place on a round table with clinicians and attendees together discussing the options.

If a comment is said with a positive sentiment a + has been used and if it is said with concern or negativity a – sign was used.

If you have any concerns or feel anything was missed from your table please contact us via email at: nhs.excellence@nhs.net and we will investigate this further for you.

Questions from the room

As the event was a round table discussion all questions are built in to the report below.

Date	13 th September 2017
Venue	Sunderland Software Centre, Tavistock Place, Sunderland
Event	Focused event on maternity and women's services
Time	6pm - 8pm
No. of people on table	Seven
People	4 x NHS staff and 3 x patients and public
Facilitator	Caroline Latta
Scribe	Emma Taylor
+	Positive sentiment
-	Negative sentiment
=	Neutral sentiment

Table rules set:

- None specified

Thoughts on maternity (obstetrics) and women's (inpatient gynaecology) services...

= If South Tyneside District Hospital (STDH) had a midwifery-led unit (MLU) would this be temporary until Sunderland had one?

= How many births are there at South Tyneside currently?

Thoughts on option 1...

- + Residents can deliver in South Tyneside and have the birth registered there.
- + Midwives would have the opportunity to set up a new unit.
- + Homely setting.
- + Access to alternative therapies.
- + Hypnobirthing (self-hypnosis).
- + No medical intervention.
- + Transport available if there is an emergency.
- + Being an autonomous practitioner.
- + Look at training needs.
- + Hearts and minds, midwives to work there.
- Numbers/efficiency.
- Burn out if on call, reliant on an efficient staffing model.
- Work to be done and indicative staffing model through implementation.
- Women of South Tyneside no longer able to go in South Tyneside. Women wouldn't understand risk and may just turn up. BMI 40 etc. staff have the opportunity to hone their skills through exposure in a consultant-led unit for middle grade staff.
- Fully integrated service.
- Ambulance transfer times, a recent transfer took 45 minutes.
- South Tyneside staff are very anxious about job security and future.
- + At Friarage midwives sold it to people of Norfolk.
- Sustainability, women to women contact.
- NEAS assurances and monitoring is required, we need a dialogue.
- = Canvas women beforehand to get an idea of the figures.

- Capital ask, possibly not, more for refurbishment of the unit to get the right ambiance.

Thoughts on option 2...

- + Attractive service for all residents.
- + Still local, just not as local.
- + Increased shop floor presence for all South Tyneside workers.
- + All local outpatient services.
- Will women choose Sunderland?
- = Currently women choose other facilities, e.g. Newcastle.
- System issue if South Tyneside closes and people don't choose Sunderland.
- = Option might change because of transport issues?
- Travel time for Mums if baby is in Special Care Baby Unit (SCBU)
- The biggest negative is travel time for relatives.
- In a large unit do people become de-skilled?
- Tertiary unit, less thinking for yourself.
- Perception that option 2 will deskill midwives – will be told more what to do.
- + 4,000 births per year is a fairly big unit.
- A smaller unit is more happy and relaxed.
- A big unit is less personal, less friendly and the staff are more stressed.
- = Give up would be hard?
- = Professionalisms which are going to be together.
- + Retain good values from both organisations.
- = Need to an internal conversation about staffing.