

From: [Catherine Harris \(Swansea Bay UHB - Obstetrics And Gynaecology\)](#)
To: [REDACTED] [\(Swansea Bay UHB - Maternity\)](#)
Cc: [REDACTED] [\(Swansea Bay UHB - Maternity\)](#)
Subject: RE: Information for escalation 6/7/22
Date: 06 July 2022 09:35:31
Attachments: [image001.png](#)
[image002.jpg](#)

Yes please. Could you also share with Lesley and [REDACTED] so they can review prior to meeting and discuss any comments.

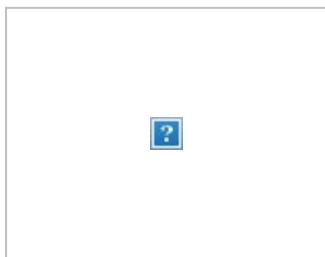
Thank you
Cath

From: [REDACTED] (Swansea Bay UHB - Maternity) <[REDACTED]>
Sent: 06 July 2022 08:08
To: Catherine Harris (Swansea Bay UHB - Obstetrics And Gynaecology)
<[REDACTED]>
Cc: [REDACTED] (Swansea Bay UHB - Maternity) <[REDACTED]>
Subject: RE: Information for escalation 6/7/22

Do you want me to add this email to the agenda for today's escalation?

[REDACTED]
Personal Assistant to Head and Deputy Head of Midwifery
Cynothwydd Personal | Bennaeth a Dirprwy Bennaeth Bydwreigiaeth
Neath Port Talbot Hospital
Ffordd Baglan | Baglan Way
Port Talbot
SA12 7BX

[REDACTED]
[REDACTED]



From: [REDACTED] (Swansea Bay UHB - Maternity) <[REDACTED]>
Sent: 05 July 2022 16:13
To: Catherine Harris (Swansea Bay UHB - Obstetrics And Gynaecology)
<[REDACTED]>
Cc: [REDACTED] (Swansea Bay UHB - Maternity) <[REDACTED]>; [REDACTED]
[REDACTED] (Swansea Bay UHB - Maternity) <[REDACTED]>
Subject: Information for escalation 6/7/22

Importance: High

Hi both,

For the escalation meeting on 5/7/22

As discussed today, this is what we plan to discuss with community on Friday: -

- Specialists to support with clinics/virtual work/bookings
- Discuss moving to centralised clinics in the premises that have been sourced with a view to having 1 midwife based in the clinic all day. If the antenatal element of the clinic does not run for a full day, the midwife will be able to see postnatal women within the clinic too. "Bring the women to the midwife." We don't feel that now is the right time to move to new teams in line with the GP clusters as we are not likely to be able to staff the teams effectively and safely at present. Clinic "hubs" are a halfway point to this long-term goal.
- Review unit staffing numbers over the next 2 weeks to see if agency and enhanced OT has a positive impact on the numbers. But also to ensure that the rising COVID rates do not have a further negative impact on the numbers. Decision to be made re. community staff moving back in to the unit to work after this 2 week period y on-call number to 1 midwife by day and by night. This will reduce the number of times each individual midwife is called to the unit to work in any given week.
- Offer staff the option of moving to a "flexi NOC" (NOC worked on a day off. If called out, the first 5 hours are part of contracted hours. If not called, the 5 hours can be worked the next day flexibly). This supports staff to avoid working excessive hours over their weekly contracted hours.
- **NPT staff only** – pre-booking clinics to run on a weekly basis out of ANC at NPTH, staffed by [redacted] and [redacted] in the evening.

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I think that's everything?

Kind regards,

[redacted]

[redacted]

Operational Lead Midwife
Birth Centre/Community

[redacted]

