

Health and Adult Social Care Scrutiny Committee – 21st November 2018

Report of the Head of Maternity Service, The Dudley Group NHS Foundation Trust

Quality of Maternity Care in Dudley

Purpose

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| 1. | To update the committee on the quality of maternity services provided by the Dudley Group NHS Foundation Trust. |
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Recommendations

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| 2. | That the Scrutiny Committee notes and comments on the contents of the report. |
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Background

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| 3. | In October 2017, the Report of the Dudley Maternity Services Quality Improvement Board was published (Appendix 1). The report summarised the work of the Quality Improvement Board (QIB) and acknowledged the improvements that had been made to and by the maternity services during the QIB. All of the families who had been involved in the QIB were contacted and offered a personal copy of the report and an opportunity to meet with the Chief Nurse, Head of Midwifery and Head of Patient Experience. Three families requested meetings and a further two families requested a copy of the report but no meeting. |
| 4. | The maternity service improvement plan continues to be a live action plan including all service improvements in progress or planned by maternity. In the past 12 months, the improvement plan has been shared and challenged on a monthly basis by the executive and non- executive team at Clinical Quality Safety and Patient Experience Group within Dudley Group Foundation Trust (DGFT) and externally by service commissioners and executives at the Clinical Commissioning Group via the Maternity Performance Assurance Group. |
| 5. | Maternity Services continue to look to national and regional evidence of best practice to inform the improvements in the plan. Co-production is the ultimate aim for all service improvement and this has begun to be utilised through the recently established Maternity Voices Partnership (MVP). |
| 6. | Throughout this report you will see the golden thread of improving safety initiatives that maternity services are actively involved in with the aim of reducing incidence of stillbirth, neonatal deaths, maternal deaths and brain injury caused by birth. |

	<u>Care Quality Commission (CQC)</u>
7.	The Care Quality Commission visited the Maternity Unit during the second week of their inspection of the Trust in December 2017. The CQC assessed the maternity service as Good; many of the recommendations from the CQC team were improvements that the maternity team had discussed and indicated that they already had plans to address or were in the process of addressing.
8.	Several of the actions and the conclusions will be discussed in further detail throughout this report. These include staffing, bereavement care, governance, and improvement in patient experience.
9.	The whole maternity team were very pleased that the improvements and developments since the last CQC visit were recognised by the inspectors. Now that CQC have moved to annual inspections, the team are keen to show that there have been further improvement and development and are striving towards outstanding.
	<u>Leadership and staffing</u>
10.	Both midwifery and obstetric staffing have benefitted from the review during the past 12 months with active support from the Chief Executive. The plan was in place to increase the consultant obstetric team by two consultants to allow for a consultant obstetrician presence of 98 hours on delivery suite. At a meeting with members of the executive team the consultant team put forward the argument for an increase by a further two consultants to allow for improved involvement in governance and strategic planning. The additional four appointed consultants commenced in post between November 2017 and January 2018. The additions to the consultant body have afforded a dedicated consultant for clinical governance and a clinical service lead for obstetrics.
11.	The Executive Team have also supported an external review of midwifery staffing by Birthrate Plus the organisation nationally recognised for calculating midwifery staffing. The Trust awaits the final report of the staffing review and this will be discussed with the executive team to plan for future requirements.
12.	Dedicated lead midwife has been in place for the Midwifery Led Unit (MLU) for the past 11 months. This has allowed for clinical leadership dedicated to improving care for low risk labours. The numbers of births taking place on the midwifery led unit have increased during this time and overall the numbers of inappropriate transfers out of the midwifery led unit have decreased as all transfers are reviewed and learning shared. The midwifery led unit staff have independently organised two conferences with internationally recognised speakers to raise funds for additional equipment for the MLU. Additionally a midwifery ward manager role has been developed to improve the patient flow in the postnatal ward area enabling reduction in delays for transfer home to community midwife care. The appointment of a ward manager has ensured staffing is optimised and key performance indicators for newborn screening are achieved.
	<u>Clinical Improvements</u>
13.	Introduction of a birth choice clinic ensures that women who are requesting to birth outside of medical guidance are offered a detailed discussion of risks and benefits. This ensures a fully informed choice is made and risk management plans can be affected to offer not only choice but also improve safety.

14.	Maternity Triage team are working with Birmingham Women's Hospital to implement the Birmingham Symptom Specific Obstetric Triage System (BSOTS). To ensure that women attending Maternity Triage are seen in a timely manner and triage is standardised against a research based, best practice standard. Training is in progress and roll out is at the beginning of December.
15.	Changes to the induction of labour pathway improved the delays in induction that had previously occurred. This was possible because of the support from the Executive Team to increase the number of beds within the maternity unit. A number of single bedded rooms on the unit were identified as suitable to be converted to double rooms. Two rooms were identified as suitable to be changed to a four-bedded bay. In total a further 5 beds have been established through the changes to the estates.
16.	The increase to in-patient bed numbers also allowed for a lifting of booking restrictions for women who reside outside of the Dudley borough.
	<u>Maternity Transformation Programme and the Local Maternity System - Black Country and West Birmingham</u>
17.	The Maternity Transformation Programme (MTP) is a strand of the Sustainability Transformation Programme (STP). The ambition of the MTP is to halve the number of stillbirths, neonatal and maternal deaths and brain injuries by 2030.
18.	In March 2017 clinicians from across the Black Country came together to agree a shared vision for the future provision of maternity services for the people of Dudley, Sandwell & West Birmingham, Walsall and Wolverhampton. The ultimate aim of the collaboration was to develop a Local Maternity System for the Black Country and West Birmingham and deliver the nine work streams of Better Births. Clinicians from Dudley Group maternity team have been active participants in this programme from the beginning, with support from the Business and Transformation team for the last ten months. The three-year plan developed by the Local Maternity System was submitted to NHS England in October 2017. In October 2018, the maternity team have commenced pilot projects to ensure that 20% of the women booking with the Trust will be on a continuity of care pathway throughout antenatal, intrapartum and postnatal care March 2019. The team made the decision to include women with diabetes in pregnancy as our initial focus as these are high-risk pregnancies and 8% of our total births are to women with diabetes. Traditionally continuity of care has been less of a focus with this group and the team have been commended by NHS England for including this particular group of women. The low risk pregnancies are also part of the pilot with integration between the midwives from the midwifery led unit into community midwifery clinics and community midwives into the midwifery led unit. Both of these projects have the aim of women being looked after in labour by a midwife who knows them. We are also planning to follow the example of one of the early adopters of Better Births the BUMP- Birmingham Universal Maternity Pathway of ensuring women who are having an elective caesarean section meet the midwife caring for them and their baby in theatre prior to the day of surgery. DGFT already has an excellent record of continuity of care in the antenatal period from a named community midwife of 80%, which compares favourably with our neighbouring trusts in the Local Maternity System.

	<u>Maternity and Neonatal Safety Collaborative</u>
19.	The collaborative is a three-year programme led by NHS improvement and launched in February 2017. Dudley Group NHS Foundation Trust is actively involved in Wave two of the programme, which commenced in April 2018. The collaborative is supporting the Trust to build local capacity in quality improvement and is providing structured support to the trust to assess the services in order to develop plans that lead to measurable improvement.
20.	<p>The aim of the collaborative is to:</p> <ul style="list-style-type: none"> • improve the safety and outcomes of maternal and neonatal care by reducing unwarranted variation and provide a high quality healthcare experience for all women, babies and families across maternity and neonatal care settings in England; • contribute to the national ambition, set out in Better Births of reducing the rates of maternal and neonatal deaths, stillbirths, and brain injuries that occur during or soon after birth by 20% by 2020.
21.	The quality improvement project that DGFT maternity and neonatal services have decided on is increasing the number of smoke free pregnancies. Currently the percentage of women smoking at time of delivery is approximately 12-14%. The ambition is to reduce this percentage to 6% as set by Public Health England. The project was launched with the whole maternity team after many weeks of planning, on 16 th October 2018.
	<u>Clinical Negligence Scheme for Trusts (CNST)</u>
22.	In December 2017, the Trust received a contribution notice from NHS Resolution, detailing the organisation's calculated contribution that was required by the Clinical Negligence Scheme for Trusts – CNST. The notification also included details of a maternity incentive scheme, which would be implemented for 2018/2019.
23.	The national Safer Maternity Care update to the Maternity Safety Strategy ¹¹ sets out the Department of Health's ambition to reward those who have taken action to improve maternity safety. Obstetric claims represent the biggest area of spend for all CNST members around £500million in 2016/17. Obstetric claims represent 10% of the volume and 50% of the value of all claims.
24.	The maternity element of CNST contributions will be increased by 10% above all Trusts standard for the financial year 2018/19, to create a national maternity incentive fund. Maternity services that can demonstrate achievement of a specified set of ten requirements detailed in the aforementioned notice letter will be eligible for a share of that incentive fund of at least 10% of their base contribution, plus a share of the balance of undistributed funds, the amount of which will be determined once the results from all services have been gathered. The specific ten safety actions were detailed in a strategy document and will be explained in more detail within this paper. In order to qualify for refund of 10% of the premium the Trust must be able to demonstrate progress to the required standard against all ten of the safety actions.

¹ <https://www.gov.uk/government/publications/safer-maternity-care-progress-and-next-steps>

25.	The Maternity department with involvement from theatres and anaesthetics and the corporate governance team support were able to demonstrate achievement of all ten requirements and have received the 10% contribution refund.
	<u>Public Health</u>
26.	The maternity team work closely with Public Health within the Local Authority specifically in respect of smoking cessation, healthy eating, improved exercise and breastfeeding initiation and continuation.
27.	The Healthy Pregnancy Support Service (HPSS) consists of seven WTE band 4 support staff who work closely with community midwives across community and within the hospital to offer targeted support to women. The team can offer one to one support for smoking cessation, healthy eating/weight management and breastfeeding continuation.
28.	The HPSS are actively involved in the Maternity Neonatal Safety Collaborative improvement project to reduce smoking at time of delivery to the new national target of 6% or less.
29.	Funding from Public Health is also received for our Maternity Infant Feeding Assistants (MIFAs). The MIFAs can offer one to one breastfeeding support whilst women are in hospital and working alongside the infant feeding midwife help to improve the initiation and continuation of breastfeeding. The Trust was reassessed against the UNICEF Baby friendly standards in 2018 and reaccredited as compliant against the standards. The Trust has maintained full accreditation since 2002. In conjunction with breastfeeding support, the Trust has an award winning frenulotomy service delivered by midwives who have trained to become practitioners in frenulotomy (division of tongue-tie). Women travel from across the West Midlands, Wales and Cheshire to access the service, which also offers placements to practitioners on the course at Wolverhampton University.
30.	All women attending for their scan appointments at 12 weeks and 20 weeks are offered vaccinations to protect against Influenza (Flu) between October and February and Pertussis (whooping cough) all year round. This was implemented in January 2018, as an alternative to vaccination in GP surgeries and at the request of Public Health England to improve the uptake of both vaccinations for pregnant women. In January and February 2018, 68 women received flu vaccine. To date nearly 800 women have received pertussis vaccination via antenatal clinic at DGFT. The plan is to deliver far more flu vaccinations in 2018/19 as the antenatal clinic has received the vaccine from the start of flu season this year.
	<u>Bereavement Care</u>
31.	Improved care and support for bereaved parents was a priority that the maternity team shared with the CQC inspectors. The Executive team have also supported the improvement plans at every stage. Building work has been carried out to convert a room on the delivery suite to a dedicated bereavement suite. The building work has offered a degree of soundproofing and improved privacy, together with the facility to store a cold cot in an appropriate environment. The room allows for family's to be together following a bereavement and for partners to remain overnight in a less clinical setting.

32.	A bereavement midwife has been appointed who is leading on the implementation of the National Bereavement Pathway at the Trust. The appointment of the specialist midwife allows for continuity of care between hospital and community and a point of contact for bereaved women and families.
	<u>Patient Engagement</u>
33.	Involvement of women and families in service improvement is one of the important work streams in the Maternity Transformation Programme. It's also essential for the maternity team at DGFT to understand what the women using our service want and need. The response to Friends and Family Test in maternity is generally very good and of those that respond the assessment of the service is favourable. Each month we review the narrative comments and make changes based on these.
34.	In 2018, the team supported the establishment of the Maternity Voices Partnership (MVP). We are very fortunate to have a service user as our chairperson, someone who came to talk to us about areas of our service that she had experienced that needed improvement. Quarterly meetings have been established and are held within one of the Children's Centres. The meetings involve a variety of stakeholders including the Clinical Commissioning Group and Healthwatch. We actively encourage women to become involved in shaping the services. Moving forward all service developments will be discussed at the MVP to gauge women's views on change to ensure co- production.
35.	Also as part of the development of the LMS a "Whose Shoes " event was held in Dudley in March 2018. Whose Shoes is social enterprise providing a standardised approach to getting feedback from a group of stakeholders about maternity services. No one group is seen as more important than another. The event was extremely well attended and a follow up event "We said We Did" was held at the end of September 2018.
	<u>Conclusion</u>
36.	Maternity services are in the middle of many programmes of change, however the main focus of all of these changes is a safer service that offers safety, choice and continuity for all women and their families.
37.	The maternity team at DGFT are actively involved with a number of strategies that will assist in the improvement of the service.
38.	Our aim is to ensure that the service we deliver offers safety with informed choice and puts women and their families at the centre of all we do.
	<u>Finance</u>
39.	There are no direct financial implications arising from the contents of this report
	<u>Law</u>
40.	There are no direct legal implications arising from the contents of this report
	<u>Equality Impact</u>
41.	This report has no direct implications to equality and diversity.

Human Resources/Transformation

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| 42. | There are no direct human resource implications arising from the contents of this report |
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Background Information:-

Appendix 1 - Report of the Dudley Maternity Services Quality Improvement Board