

Nottingham University Hospitals NHS Trust Maternity Service

Briefing for Nottinghamshire Health Scrutiny Committee, September 2021

The Maternity Oversight and Improvement work has moved forward and through this report we will update you on recent progress.

Key areas of progress:

1. Recruitment of 36 additional midwives including a new substantive Director of Midwifery who started at the end of June.
2. Recruited a net gain of 4 WTE consultant obstetricians.
3. Daily escalation meetings to ensure our staffing levels are safe for the women needing care.
4. Training on fetal heart rate monitoring has progressed with all working staff now trained.
5. We are auditing the care we provide, for example, our fetal monitoring. Our audits show we have more to do to ensure improvements are consistent.
6. We have provided additional equipment such as CTG machines, and are working on a digital improvement programme.

Workforce

Thirty-six new midwives (WTE) will start working with us in October 2021. We have an active on-going recruitment campaign for midwifery staff and are working with Sherwood Forest Hospitals on international recruitment. The Director of Midwifery is undertaking a staffing review based on Birthrate Plus recommendations and previous workforce plans.

We have recruited additional obstetricians which gave us a net gain of just over four WTEs. Start dates for the new consultants vary but we will see them all in post by January 2022.

The maternity service has faced significant challenges over the summer due to staff needing to self-isolate, staff sickness and the increase in Covid-19 positive pregnant women and the holiday period. We had a plan in place to address our workforce pressures which included moving clinical staff working in non-patient facing roles to work clinically, and offering additional rates of pay to encourage staff to take up additional shifts.

We are taking proactive action with staff who are thinking of leaving the service to support them to stay, and we have written to all of the midwives who recently retired to ask them to consider if they would like to support our service.

A big part of our maternity improvement work is addressing the culture within the service, and we have a programme of cultural change work underway. We have worked with Nottinghamshire Healthcare NHS Trust who have provided a counsellor to work with our staff to help support them. In October 2021 a psychologist will also start to work with staff in our service.

Covid Virtual Ward

Due to the huge increase we saw in pregnant women with Covid-19, we instigated a virtual ward for women who were in the third trimester of their pregnancy and were Covid positive. Women receive a phone call every day from a doctor and are brought into hospital as needed.

Women were prescribed medication based on national guidance and best practice, which was delivered to them at home.

We also focused on prevention - giving women more information and making vaccination more accessible at antenatal clinic settings.

Governance processes

We have reviewed and refreshed our Maternity Action Plan to ensure it captures all of the work we need to do to address the requirements of national guidance, and the inspection and visits to our service.

We have also spent time reviewing our assurance process and have created a Maternity Dashboard which uses recognised maternity metrics. We have built on the standard metrics to incorporate others that will measure the impact of our improvement work. We are moving from a traditional RAG (red, amber, green) rated approach to one where measures have a variation and assurance. We have introduced adverse variance reporting to improve the way we monitor our performance and the safety of the care we are delivering to women and babies. These key performance indicators help us monitor the effectiveness of our service. We are continuously working to improve the quality of our data and how we use it to provide us with assurance.

Patient Safety

We have undertaken work to improve the care we provide to women who have a post-partum haemorrhage. We have started to see an impact of this improvement work and how this has made a difference to the safety of our service. We look forward to presenting more details of this work.

Unplanned admissions to our neonatal units were also an area of focus for us over the summer months. We have revised our policy and implemented a new procedure for how we care for babies who are jaundiced, and we are about to provide some new equipment to help with this. We are monitoring the data to demonstrate the impact this work has had on the safety of babies. Early indications do show a decrease in the number of unplanned admissions to the neonatal unit. Again, we look forward to demonstrating more about this area of work with you.

Engagement and Inclusion

Listening to women and families is a key way for us to learn and make improvements to our service based on what they tell us about their experiences. Whether they have received excellent care or where care has fallen short we will continue to hear what they have to share and empower our maternity team to make improvements.

We have a number of actions to improve the way we listen to women and their families and are working with Healthwatch and the Maternity Voices Partnership to improve how we do this in a meaningful way. We are committed to making sure women and families are involved in our service improvements and that we listen to what matters to them.

Summary

We acknowledge that we still have a great deal of progress to make to ensure our maternity service is providing the best possible care for women and their babies. We are wholeheartedly committed to making and sustaining improvements and although we still have further work to do we are seeing some areas of change and improvement.