

17 July 2015

Agenda Item: 4

Children's Trust Board Sponsor: Dr Kate Allen

REVIEW OF MATERNITY SERVICES

Purpose of the Report

1. To summarise the findings and recommendations of the reviews of maternity services at Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) and Nottingham University Hospitals NHS Trust (NUH).
2. To receive feedback from the Children's Trust Board on the reviews.

Information and Advice

Background and governance

3. The publication of NHS England's 2012 guidance¹ to Clinical Commissioning Groups (CCGs) outlining the expectation that commissioning of maternity services will focus on quality and choice; this identified the need to review local maternity services and pathways.
4. The Children and Young People's Integrated Commissioning Hub (ICH) carried out the review on behalf of Nottingham West, Nottingham North and East, Rushcliffe, Mansfield and Ashfield, and Newark and Sherwood CCGs in relation to commissioned services provided by SFHFT and NUH. Bassetlaw CCG had previously, through its commissioning arrangements for Doncaster and Bassetlaw Hospitals NHS Foundation Trust (DBH), carried out a review of maternity services meaning Bassetlaw services were not in the scope of the review.
5. The objectives of the review were to:
 - a. Provide high level assurance to the CCGs about the quality of service delivery.
 - b. Make recommendations on key priorities and challenges for NUH maternity services.
 - c. Inform the Maternity Pathway Service Specification 2015/16.
6. The reviews have engaged service users, providers, clinicians and key partners. The reviews have been overseen by respective SFHFT and NUH service review steering and implementation groups and progress reported to CCG clinical cabinets, governing bodies and quality and risk committees.

¹ "Commissioning Maternity Services - A Resource Pack to support Clinical Commissioning Groups", NHS England, July 2012

Key findings

7. Stakeholders and services users have told us that the service and staff are dedicated and working hard to meet the needs of the women and families that they see. Areas of good practice have been identified however there are challenges across the maternity pathway (see below summary):

Table 1: summary of good practice

NUH	SFHFT
<ul style="list-style-type: none"> • Achieved Level 2 Clinical Negligence Scheme for Trusts (CNST) status. • Joint specialist antenatal clinics and plans to increase midwifery input here. • A specialist midwifery service in place, however it needs to be more equitable for all mothers with complex social needs. • Achieving stage 2 UNICEF Baby Friendly accreditation. • Robust preceptorship programme. • Good continual professional development opportunities. • Fathers' engagement work. • GP core offer in place. • Access to birthing equipment and birthing pools. • 90% of women said that they were offered a choice on where to give birth. • 94% of women delivered where they planned. • 93% of women stated they had a midwife when they needed them throughout their labour. 	<ul style="list-style-type: none"> • Achieved Level 2 CNST status. • Maternity and Family Planning Department assessed as good by Care Quality Commission (CQC) all five domains. • Achieved stage 3 UNICEF Baby Friendly accreditation (breastfeeding). In addition, first trust in Nottinghamshire to pilot using donor human breast milk to premature babies. • Implementation of the Rotherham smoking cessation model. • 84% of women had a home visit in their pregnancy. • 93% of women received a visit after giving birth and 92% of women felt they could raise concerns with the community midwife after birth. • 91% of women were asked about their emotional wellbeing. • Higher than average normal birth rate. • Higher than average homebirth rate. • Lower than average caesarean section rate.

Table 2: summary of areas for improvement

Provider	Priority areas for action
NUH & SFHFT	<ul style="list-style-type: none"> • Develop a consistent and robust process for reviewing and evidencing compliance with The National Institute for Health and Care Excellence (NICE) guidance and quality standards. • Develop further clinical guidelines and pathways in line with best practice, maternity tariff and evidence base. • Increase and promote direct access to midwives across a number of partners. • Improve continuity of care for women by a named midwife. • Implement evidence based multi-agency framework Preparation for Birth and Beyond.
NUH	<ul style="list-style-type: none"> • Implement customised growth charts for all women. • Improve information technology to ensure electronic records are accessible across the maternity pathway. • Develop and strengthen pathways for overweight and obese expectant

	<p>mothers and maternal mental health.</p> <ul style="list-style-type: none"> • Increasing access to infant feeding support services. • Increase opportunities for women with low risk pregnancies to receive midwifery led care at delivery and home births. • NUH increase capacity to undertake Newborn Infant Physical Examination (NIPE). • Develop local recruitment strategies to reduce risk of staffing shortages. • Sufficient workforce capacity to ensure QMC, City and Community can operate safely and sufficiently. • Guidance for escalation routes for decisions regarding unit closures and suspension of the home birth services are in line with the regional approach and standards.
SFHFT	<ul style="list-style-type: none"> • Increase provision of antenatal and postnatal clinics across community venues to promote joint working, choice and access. • Improve communication links and working relationships between the Community Midwifery Service, GPs, Health Visiting, Family Nurse Partnership and Children's Centres.

Service improvement implementation plans

- The reviews have resulted in the identification of a number of recommendations supported by detailed service improvement implementation plans. Actions are being progressed in phases, with priority actions taking place during the current phase (phase one).
- The recommendations are reflected in the respective 2015/16 service specifications and are subject to monitoring and scrutiny through existing CCG quality, risk and contract management structures. CCGs are engaged in these processes and have been assured regarding the review findings and actions to date.

RECOMMENDATIONS

- Members of the Children's Trust Board are asked to:
 - Note the findings and recommendations from the maternity service reviews at SFHFT and NUH.

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